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THE NATIONAL

ECLECTIC MEDICAL ASSOCIATION

QUARTERLY

EDITED BY

WILLIAM NELSON MUNDY, M.D.

A JOURNAL OF ECLECTIC MEDICINE AND SURGERY,

Comprising the Proceedings, Papers and Discussions of the Association, and Published in the Interest of the Eclectic School of Medicine.

Volume II—1911

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JOSEPH AMASA MUNK.

We introduce to our readers our newly elected President, Joseph Amasa Munk, M.D., physician, naturalist, antiquarian, ethnologist, author and teacher. Dr. Munk was born in Columbiana County, Ohio, November 9, 1847. His early education was acquired at Alliance, O. He attended for a time Mount Union College at Alliance, and subsequently graduated from the Eclectic Medical College in Cincinnati in 1869. He practiced for a while at Lindsey, O., subsequently at Chillicothe, Mo., and Topeka, Kan., and in 1892 he removed to Los Angeles, Cal., his present home. Dr. Munk is at present Dean of the California Eclectic Medical College, and assists in the publication of the *Los Angeles Journal of Eclectic Medicine*. Recently he presented to the Southwest Museum his Arizona Library, of which museum he is a director. We bespeak success for our Association under his wise guidance. Whilst he is plain and outspoken, he combines with these qualities caution and conservatism.

THE NATIONAL
ECLECTIC MEDICAL ASSOCIATION
QUARTERLY

VOLUME II. CINCINNATI, O., SEPTEMBER, 1910. NUMBER 1.

NATIONAL ECLECTIC MEDICAL ASSOCIATION.

Minutes of the Fortieth Annual Meeting, June 28, 29, 30, and July 1, 1910.

FIRST DAY, TUESDAY, JUNE 28, 1910, MORNING SESSION.

Meeting called to order at 10 A.M. by the President, George W. Thompson, M.D.

Prayer offered by Rev. Edward Braislin.

The address of welcome to the city by the Acting Mayor, Hon. Walter Ballantyne, is as follows:

Mr. President, Ladies and Gentlemen:

It gives me a great deal of pleasure to come here this morning and welcome you to our city. The mayor was unable to come himself owing to being called from the city by a previous engagement. I am sure if he had been able to be here he would have addressed you more interestingly and probably extended a more hearty welcome than I am able to do.

It is always a great pleasure to the city government of Boston to have such gatherings as these come into our midst. We feel honored, always, by the presence of those who come from a great distance to visit this city. The city of Boston is known the world over for its hospitality, and we hope your stay here will be so pleasant that you will go away with pleasing recollections. I hope that your stay will be such that you will be able to visit the various places of interest in the city. We have one of the best park systems, and we hope you will find time to visit these and various other interesting points.

I wish to say to those who have never been in Boston that I am reminded of a gentleman, a clergyman, who came from across the Atlantic a few years ago to pay a visit to this and other cities of the United States. He was writing reports on different cities of the United States, and Boston was included in the list. He came with a letter of introduction to a relative of mine who showed him around the business section of the city, but did not take him into the suburbs, and he therefore gained an unfavorable impression of the city. Upon his return from this first trip I said to him, "Doctor, what do you think of our city of Boston?"

His reply was, "I have visited many cities, but very much regret to say that I am greatly disappointed in Boston."

"How long are you going to stay in Boston?"

"About six weeks."

I then said to him, "If you will give me just one day that I may take you to some of the points of interest, our park system, etc., I think you will change your opinion."

I took him for a day's outing as I had planned and on his return asked, "Doctor, what have you now to say about Boston?"

He replied, "I must write an entirely new report about Boston."

I don't want any of you to form your opinion merely from a visit to the business section. Anything we can do to make your visit here more pleasant we shall be only too glad to do so. In the name of the Mayor of Boston and the citizens of Boston I bid you all a very hearty welcome and express a hope that your stay amongst us will be so pleasant that you will wish to come again.

The response to the mayor's address was made by J. A. Munk, M.D., as follows:

Mr. President, Ladies and Gentlemen of the Convention:

We thank your honorable mayor for his cordial words of welcome. We certainly all feel very glad to be here. We have come from all over the country, near by and far away, from the West and the middle West and the South, representing a great variety of interests, but the main interest of bringing us together here is that of our calling, the medical profession and the practice of medicine. We could not have selected a more suitable place for gathering this year than this center of culture and heart of liberty.

The medical profession is interested in a campaign similar to that of our forefathers. We are in the position of the dominant school wishing to destroy us, though contending that we have equal rights with any school of medicine. We remember how in early times the mother government would not stand for it. We would like to see that thing repeated. We feel that we are free American citizens and wish to have the rights of American citizens.

I believe that in our convention here to-day and during the coming days work will be done that will count for good for our branch of the profession, and I hope for liberty and freedom as we know it. Of course, we realize that New England, and Boston as the Hub of New England, in the early civilization of this coast, stands for liberty and for freedom. The blue blood of the Yankee has not always remained here, but has spread all over the country and has left its impression.

Coming in on the train we had pointed out to us various monuments that are historic in the history of this country. These are always interesting to visitors. We are pleased to see that these places are held in memory because it is only by the education of the young and the instilling of this knowledge of the early history of our country that this spirit of freedom can be maintained. The country is delightful to look upon, but I was surprised at one thing, and that is that so much of this country has been turned

to pasture and wild land. It seemed to me that every acre ought to be cultivated. The fields look beautiful, but you don't want to forget this land; it is too interesting, too historic, too valuable. I trust that it will and believe that it will be so cultivated.

The impression that a man gets of this eastern country after he has lived in the West, in the mountains and on the Pacific coast, is that of smallness. Your distances are small; your fields are small. What I remembered as large fields to my boyish eyes when I returned seemed like little calf lots, they were so contracted. The hills that I used to think were wonderful I could not find any more. The West is a large and breezy region of the country. You can shout all you please and there is nobody to stop you. Visit that country, go into those wild regions, that you may know what is provided for your enjoyment and pleasure.

We are met again in annual convention, members gathering from all over the country to consult together and to act for the best interests of our profession. Gentlemen, I thank you.

C. Edwin Miles, M.D., Boston, Mass., extended a hearty welcome to the association from the Massachusetts Eclectic Medical Society, in the following words:

Mr. President, Ladies and Gentlemen of the National Eclectic Medical Association:

His honor, the mayor, with felicitous expression, has extended to you a gracious welcome, such as Boston gladly gives to every organization which has for its purpose the uplift of humanity.

It is now my privilege and especial pleasure, at the behest of the Massachusetts Eclectic Medical Society, to cordially welcome you as their guests. Hailing from many and some remote States, we highly esteem your selection of Boston for the holding of the fortieth convention of this Association. We would assure you it will be our endeavor that you shall realize your highest anticipations in honoring us with your presence.

The meeting of the Association in Boston, in 1874, was a red letter event for the Massachusetts Eclectic Medical Society. We are optomistic for the results of its coming in 1910. An interim of thirty-six years has changed the personnel of both hosts and guests. Of the former only three remain; of the latter but few, we opine.

The fathers—Beach, Calvin, Newton, Burnham, Underwood, Geddes, Scudder, King, Wilder, Howe—and many others, were men of sterling worth, noble purposes and strong convictions; and they possessed the courage of their convictions. They fulfilled the divine plan—the coming, the working, the going." They fought the good fight, they kept and departed in the Eclectic faith. They persistently combated theories and practice which they deemed erroneous, being opposed by an ancient, self-constrained opposition.

By their wisdom they laid the foundations upon which the theory and practice of the system of Eclectic medicine has been evolved, and we are

reaping the harvest of their labors. Eclectics may be congratulated on the progress made during the last two decades in personnel, medical colleges, literature and clientage; and especially upon the evolution of the remedies, developed by means of clinical research, which are being largely adopted by the progressive therapeutists of all schools. The present facilities and opportunities for Eclectic medicine surpass those of any previous period in its history.

But the work of Eclecticism is not completed . Therefore, while we welcome you to all the pleasures which the present environments may afford, we specifically greet you as critical investigators of the materia medica and its therapeutics, together with the indications for their use, as advocated by the Eclectic system of medicine and based upon the results obtained by clinical observation. Also because you are unbiased and critical investigators of the agents and methods applied by all recognized systems of medicine for the treatment of disease.

Finally, we welcome you as collaborators in the noblest, most altruistic and beneficent movement of the medical profession in all the ages—*preventive medicine.* The hastening of the time—if it shall ever come—when the ravages of disease shall cease to be the scourge of our race would be the crowning triumph of medical science and art, and a millennium day that would call for universal thanksgiving.

Again we bid you a hearty greeting.

A. F. Stephens, M.D., St. Louis, Mo., responded thus:

Mr. President, Members of the Association and Dr. Miles as Spokesman:

In behalf of the National Eclectic Medical Association I take pleasure, doctor, in extending to you our thanks for your hearty welcome, but I assure you that the greater portion of the pleasure is with us in coming here. We are glad to be in the grand old town of Boston. The town, I am sure, where liberty was born and where perhaps the first blow for American freedom was struck and where much of the work for medical freedom has been done. I hope, doctor, that in these days on which we meet here we may have a renewal of that inspiration, that feeling for freedom, that desire for liberty.

I think that the time is auspicious for an uplifting, for a blow to be struck again, for freedom and liberty in medicine. There is a tendency to strike out the smaller, so-called. By that I mean to say the smaller in numbers, not in mentality; not in training, but in numbers. The tendency is to strangulation in this country. In other words, the tendency to-day is for State medicine, and we as Eclectics must, as a union, fight this tendency. Here, again, we need that good old spirit of Boston. I believe that we should go back to the people again. We have left them too far in the distance. If we can teach the people to see our case as we see it, they will fight our battles for us. they always have done it, they will do it again. I believe our duty is to go back to them and never leave them again. You show a man the right, and show it to him so that he may understand it, and he will not go very far wrong. So I say, let us go back.

The doctor spoke of conviction. I believe we should fight for our convictions to the bitter end. Fight just as long as you can kick, and kick just as hard as you can kick, and the harder you kick and the more you fight the more notice will be taken of you. It may seem sometimes that we fight too much, but I believe this to be the only thing. So, again, thanking Dr. Miles for his welcome, I will cease.

The roll call of officers showed a goodly number present from the diffent States.

Reports of officers and committees being called, the Recording Secretary, W. P. Best, M.D., submitted his report as follows, which was referred to the Advisory Committee:

Recording Secretary's Report.

Immediately after the close of the thirty-ninth annual meeting of the National Association, at Chicago, Ill., the plans, as formulated for reorganization to that time, were vigorously put in operation.

Application blanks were called for by many of the States and they were sent out to each Secretary, also to many isolated individuals. The *National Eclectic Medical Association Quarterly,* now a pronounced success, carried blanks for application for renewal of membership, and many of these brought response in the names of both lapsed and new members.

One thousand blanks have been sent out from the office of the Recording Secretary, chiefly for the use of the State association officers in their endeavors to arouse the loyalty of, and secure the renewal of, applications for membership.

That these efforts were not fruitless is shown by the fact that the rapidly increasing membership rapidly exhausted extra copies of the official paper, the *Quarterly,* and requests for complete files of back numbers of the journal could not be satisfied on account of the rapidly increasing list of subscribers during the experimental stages of the publication. On this account some of the older members, who were negligent in renewing, are deprived of the full set of the first volume of the *National Quarterly.*

Much unnecessary delay and burdensome correspondence has arisen from the failure of applicants for renewal or new membership to have the blanks properly filled out. It is surprising to note the number who will forward an application with simply the name and address, and sometimes the former so poorly written that the membership certificate has to be returned and another made out because of mistakes in the name.

Again, we have had many applications forwarded without the fee; others without the fee and recommendation of the State secretary; and when these matters were referred to the secretaries, in some instances they have neglected to refer them back or recommend the applicant. These things, each and all, add to the delay, arouse impatience on the part of applicants and loss of the numbers of the *Quarterly,* all of which your officers regret, yet cannot avoid without better and more co-operative work at the hands of others.

Failure to report changes of address has caused much delay and trouble. We are only too glad to keep our lists revised and correct, yet we have, in many instances, to learn of removals through complaint or by accident, it being the exception for a member to write us of his intention to move.

Permit me to call attention to the fact that the questions on the application blanks were inspired by the demands of existing by-laws, and no one of them should remain unanswered.

I wish to emphasize the fact that we have but one recognized official way of knowing an applicant's standing in his State society—that is, the recommendation of the State secretary. Of course, the latter does not apply to those living in States where no society exists, yet there is no reason why such an one should not answer the few questions necessary to his professional identity.

We do not wish you to feel that these matters are mentioned to find fault, we desire to attract your attention to the need of greater care.

Approximately six hundred new certificates of membership have been made out since our last meeting. This includes over two hundred brought with me for the signature of the President before the opening of this session. This does not include renewals of old members to whom we do not send certificates.

Up to the first of May, this year, there were approximately 230 applications and renewals, representing the work done during the interim. Since the first of May we have had returns from annual State meetings, and the reports and lists from them are not included with those above mentioned.

I am sorry to report that some of the certificates were never delivered on account of lack of adequate address or removals, we having no knowledge of the whereabouts of such. Post-office officials are not permitted to give us the new address of parties if they know them, and if there are any who are entitled to certificates who will notify me I will promptly fill out and forward to them as soon as I receive the address.

The question has been asked frequently, how shall we obtain the data asked for in the application blanks. If State secretaries would give the blanks to the applicants with proper instructions they could obtain the data when the applicant fills the blank. If it be difficult for the State secretary to learn the facts about his men, you can readily see the greater difficulty for us to do so. Some certificates were lost on account of the name coming to us improperly spelled.

Some correspondence has been had over the question of States making National membership obligatory. Illinois, Missouri and Michigan have raised this question, the last-named in particular refusing to affiliate, for the reason, as ascribed, that they do not wish to be obliged to pay National dues for all the members in good standing in the State, as many refuse to join the National Association.

Some correspondence relative to these questions will be at hand, and this matter will demand the careful consideration of this body, though the

same questions were before us last year and some decisions rendered and accepted.

Some of the State societies have from the first made National membership obligatory, others will do so this or next year, while some will drop out entirely if the conditional arrangement is removed.

The real trouble with these questions, as might be expected, is in States where the conditional adoption of the movement for affiliation was not considered, but made obligatory at first.

Correspondence with Dr. J. W. Migrath, formerly of Macon, Ga., now of Chicago, will be submitted for consideration. Briefly, he claims to have been promised that he would be exempt from payment of dues after the meeting in St. Louis. No record of such arrangement is to be found, but Dr. Ellingwood writes that he did so arrange with Dr. Migrath.

I desire to mention the subject of reports. Early in the year blank forms were printed and sent to each of the State secretaries, fully explained by an accompanying circular letter. The first blank calls for a report to the Secretary of the National, and since the publisher of the QUARTERLY must have a bona fide subscription list in order to obtain the magazine postal rates the second blank, except the heading, would be a copy of the former. To make them official they should be signed by the secretary of the State society making the report. A third brief summary with blanks for newly elected officers was also enclosed. For some reason, most of the reports coming to hand were made in an indifferent way, and several had to be returned for correction, signature, etc.

If State secretaries will co-operate with the National Secretary the work of all will be easier, uniform and simplify the necessary revision of subscription and membership lists.

To meet the requirements of the postal laws we have to set aside $1.00 of the dues of each member for subscription to the NATIONAL QUARTERLY. For this reason, as well as the fact that delinquent subscribers are not allowed to have magazines sent to them, we were under the necessity of notifying each secretary that "delinquents will not receive the QUARTERLY." This action may be questionable; if so, we desire an opinion from this body. Already questions are arising relative to this act.

Last year some of the application blanks, fees, and the names, of course, were lost at the meeting, it seems, after passing into the hands of the Credentials Committee. If some method were devised to prevent such accidents it would prevent recurrence of the annoyance which grew out of it. If all reports were made in duplicate little trouble need arise, or if a receipt is taken for the names and fees all will be careful to have lists and fees correct.

This year the Program Committee or section officers have been handicapped from the fact that no full list of the new members has been published. These, of course, could not be solicited for essays for the meeting. We feel that this year's program in particular will demonstrate the fact that the method of securing contributions for it is seriously defective. To say the least, the present method is cumbersome and we feel inadequate as well as

antiquated. We would earnestly suggest that a committee of five men will do the work more economically as to time and expense and with better results than is possible with present arrangements.

Several State reports speak of members who are superannuated, and some of those mentioned are long-standing and honorable members of this body, who in times past have rendered good service. Permit me to suggest that these men be placed upon the list of exempted members and thus render a measure of homage to their age and service. F. W. Cooper, of Tennessee; S. B. Munn, Waterbury, Conn., and S. B. Bailey, of Connecticut, are three that now occur to my mind.

Reports from State meetings, as far as heard from, indicate harmony and healthy condition. Some States recognize the need of rousing their men from lethargy.

Threatened federal legislation has aroused all liberal thinking men of all shades of opinion. I have two speeches from Hon. Robert L. Owen, author of the so-called Owen Bill, which I feel will properly be called to the attention of the Advisory Committee.

The work in hand and that yet to be done requires so much time in the detail work that I feel that some provision should be made for the incoming Secretary that he may have the services of a stenographer, as too much valuable time is required at his hands if he does all the work as has been done by your Secretary up to this time. I would recommend that a reasonable sum be appropriated for this purpose.

Serious questions have arisen pertaining to membership and mistaken opinions are based upon Section 4 of Article I of our By-Laws:

Section 4. Omission to pay annual dues for two years shall be equivalent to a surrender of membership. A member so suspended may be reinstated on payment of the amount of two years' dues, upon recommendation of the Committee on Credentials.

There is nothing in this justifying the conclusion that the National Association considers delinquent members in "good standing" during two years of delinquency, which, briefly, is the point raised.

In closing, permit me to say that we have accomplished sufficient in the past year to justify all our labor and, we trust, all expense. We feel that the foundation is well laid for a strong and permanent organization along the lines to which we have worked. Much in way of detail yet remains for careful and wise management.

As a part of my report I wish to submit the list of applications and renewals for the year. The applications are accompanied with the blanks in so far as they were filled and forwarded. In some instances we have only the recommendation of the Secretary, with no blank application filled. We have endeavored to list all, and, where possible, have obtained the lacking data.

Report of Council on Medical Education.

The Council on Medical Education submitted its report as follows:

In presenting to you our third annual report, we have nothing materially

new to offer. Our report has practically appeared in the QUARTERLY from issue to issue, and it now remains for us to sum up our work, or, rather, to draw conclusions.

No material changes in legislation so far as States are concerned has happened during the past year. The most material change has occurred in Indiana, where the State Board by resolution voted that two years in a liberal arts college would be required in addition to the high school course, and then comes the conclusion, this is demanded in order to protect our own university, which has made this demand as an entrance qualification. Local self-pride, a desire not to be outdone by other States—so the State Board accedes to the wish of the head of the university.

Kansas demands a year in physics, chemistry and German in addition to the high school. These are taught in first-class high schools and what practical utility can be expected from a year in German in an English school is hard even to conjecture. I doubt if the author of the resolution can fathom the mystery. I am sure that physics can be taught in a first-class high school as well as in a correspondence course, and I am in possession of knowledge that proves that one of the colleges, or, rather, universities in the lead in demanding this advance in preliminary requirements is furnishing such a course, using the same text-book as is used in our Ohio high schools. In other words, as President Pritchett of the Carnegie Foundation expresses it, there should be an honest enforcement of the present standards before any increase be made. A fair standard honestly enforced is much better than an extremely high one slighted or curtailed. Medical education has advanced by leaps and bounds in the past fifteen years, and no scientific, professional or liberal arts educational institutions have kept pace with medicine. Would it not be well to stop and catch our breath until others catch up with us. Medical education has ceased to be practical and is now becoming entirely theoretical. One of the speakers at the recent meeting of the Council of Medical Education of the American Medical Association claimed that the clinical teacher should devote his entire time to his work, and yet he says if he did he could not speak from experience, the latter being so forceful in presenting facts before the students and really essential. The desire to have teachers who devote their entire time to teaching makes the teacher too technical, too narrow and too one-sided. It is practically equivalent to one becoming a specialist as soon as he graduates, and we all know the value of experience as a general practitioner before one adopts a specialty. The ready-made specialist never learns the mutual dependencies of one organ upon another, or the value of reflex symptoms. He becomes like a certain professor in physiology in a Southern college a friend was telling me about. He was a young man, and became so imbued with his subject that when a valuable brace of fox-hounds was presented to him he attempted to feed them in accordance with physiological data. The fats, proteids, etc., were each measured to them, until they died. Not satisfied with his experiment, he tried it upon his wife and babe until they were compelled to seek the parental roof for protection.

Limitation of the field of work is all right within certain bounds, yet the confines can be drawn too tightly or narrow.

Individuality, so necessary to a successful teacher, seems to be doomed if the proposed changes are to be enforced by State boards. It appears from the various reports and addresses made during the past year that a medical education is to be measured by the number of dollars expended as well as by the number and grandeur of the buildings. The school is measured by its endowment, not its actual work. Let me quote from a recent article appearing in one of the leading medical journals:

"Beautiful buildings are no more necessary to make a school a good school than beautiful dresses are necessary to make a woman a good woman. I claim that very much can be achieved in the smallest non-endowed college by proper methods. It is improvement in our methods that we need; not enameled paint or marble floors. It is carrying out the great principles of pedagogics that will make a school a great school; not the carrying out of the elaborate plan of an architect with the aid of a great money bag. And I am glad that I have the opportunity to raise my voice in behalf of an improvement which requires no endowment, no special buildings, but, first of all, men who are real teachers, men who teach for the love of teaching and who always remain students."

Probably the matter of preliminary qualifications is receiving the most attention from all parties concerned. Numerous remedies are proposed, it being claimed by many that the four-year high school does not provide the adequate training in chemistry, physics and biology. It appears to me it is manifestly unfair to make the high school a training school or preparatory school for those desiring to enter professional or literary colleges. In twenty-five year's connection with an "accepted" high school in Ohio, I find that not 5 per cent. enter a college of any description, much less finish a college course. The simplest and most sensible proposition to remedy this condition is to make the medical course a five-year course, the first year being devoted to a study of these branches; the student presenting satisfactory evidence of having adequate instruction in these to be admitted to advanced standing. This is practically the English standard, and has much to commend it. In England a pupil can matriculate at sixteen and take a five-year course leading to the professional degree. It is impracticable to complete our first-class high school at sixteen. Quoting again from a leading journal, I read thus: "Still others would require the first two years of the literary college course. This, it is true, would give a certain degree of intellectual culture, but it seems to me doubtful whether a medical college should make anything but knowledge of medicine an indispensable condition for granting of a degree. I fully believe that the State has no right to set up any standard but that of knowledge."

The question of intellectual culture as given by the literary college should be decided by the inclination and financial ability of the individual. The first two years in the curriculum of most colleges may give culture, but it does not give the technical knowledge required by the medical student. The requirements for admission to the medical school should be like those

imposed by any other school, namely, the knowledge possessed by the applicant, not mere length of time spent in study. For the medical school, culture should be encouraged, technical knowledge only should be obligatory.

During the past year I have visited four Eclectic colleges. Many improvements have been made, and there is yet room for more. However, I find our men usually successful before the various State boards. We have to be unduly circumspect, as all reformers are vilified and unduly condemned. We have worked in harmony with the Homeopathic Council and along the same lines. It strikes me that what we need more than any other one thing, is loyalty by our men. I am more and more convinced that no Eclectic ought to be placed on an examining board unless he is a member of his State and National organizations. In some States the maintenance of a State organization is essential to representation on the board, yet we have men on boards claiming to represent us who are neither members of their State nor of this organization. It is farcical in the extreme. So let us wake up and get busy. Talk is not what we need. We need thorough organization and loyalty to our cause.

Referred to the Advisory Committee.

Report of Committee on Publication.

The Committee on Publication submitted the following report, which was referred to the Advisory Committee:

To the National Eclectic Medical Association:

Sirs: We herewith present for your consideration our first annual report as your editors. The Quarterly has been published by and with the assistance of your committee, to whom is due whatever success has been attained. The Quarterly speaks for itself, and we hope your committee will receive the encouragement of each of you which is necessary for success. We trust our labors have been satisfactory.

I append my financial report:

Appropriation for September Quarterly	$250 00	
Advertising, less expenses	46 09	
Subscriptions	5 50	
Total	$301 59	
Paid Lancet-Clinic for printing	$171 70	
Editor's salary	50 00	
Clerical expenses and postage	1 85	
Total	$223 55	
		$ 78 04
Appropriation for December Quarterly	$250 00	
Advertising, less expenses	84 29	
Subscription	2 00	
Total	$336 29	

Paid Lancet-Clinic for printing	150 65	
Clerical expenses and postage	19 46	
Editor's salary	50 00	
Total	220 11	
		$116 18
Appropriation for March Quarterly	$250 00	
Advertising, less expense	108 24	
Total	$358 24	
Paid Lancet-Clinic for printing	$157 22	
Editor's salary	50 00	
Clerical expenses and postage	15 99	
Total	$223 21	
		$135 03
Appropriation for June Quarterly	$250 00	
Paid Lancet-Clinic for printing	158 60	
Editor's salary	50 00	
Clerical expenses and postage	15 00	
Total	$223 60	
		$ 26 40
Total balance		$355 65

FINANCIAL STATEMENT:

Appropriation	$1,000 00	
Advertising	238 00	
Subscriptions	7 50	
Total	$1,246 12	
Printer's bill	$ 638 17	
Editor's salary	200 00	
Stenographer, postage, etc.	52 30	
Total	$ 890 47	
Balance remitted Dr. Sharp, June 11,1910		$355 65

From the printer's bill there should be deducted $41.65 paid for sundry printing items for society, which would make the actual cost of the QUARTERLY $848.72; deduct again $238.62 received for advertising, and it has actually cost the Association $610.10

This statement does not include the advertising of the last QUARTERLY, which would be deducted from this item.

Bills and checks are herewith enclosed.

Respectfully,

J. K. SCUDDER,
W. N. MUNDY.

AFTERNOON SESSION.

Meeting called to order at 2 P.M., by the President, George W. Thompson, M.D.

SECTION I—MATERIA MEDICA AND THERAPEUTICS.

Presiding Officer—H. W. Felter, M.D., Ohio.

SECOND DAY, WEDNESDAY JUNE 29, 1910.

MORNING SESSION.

Meeting called to order at 9:30 A.M. by Dr. Thompson.

Motion made, seconded and carried that the reading of the journal be dispensed with until later.

Dr. Boskowitz introduced to the convention Prof. Max Meyer, of New York, who read a most interesting paper on "Life, its Creation and Maintenance." The display of charts illustrating the subject of the paper added much to the value of the essay.

Remarks on above paper were made by Dr. Best and Prof. J. U. Lloyd, after which a rising vote of thanks was extended to Prof. Meyer for his admirable paper.

Motion made, seconded and carried that the President's address be given at this time. (Printed in this issue.)

Motion made, seconded and carried that the above address be passed to the Advisory Committee.

Treasurer's report read and accepted, and upon motion it was voted that same be passed to Auditing Committee. The report showed a balance of $1,154,23, June 1, 1910.

SECTION II—PRACTICE OF MEDICINE.

Presiding Officer, J. D. McCann, M.D., Monticello, Ind.

SECTION IV—GYNECOLOGY.

Presiding Officer—M. B. Pearlstein, M.D., Brooklyn, N. Y.

AFTERNOON SESSION.

Meeting called to order at 2 P.M. by Dr. Thompson.

SECTION III—SURGERY.

Presiding Officer—L. W. Heeve, M.D., Brooklyn, N. Y.

Adjourned at 4:15 P.M.

THIRD DAY, THURSDAY, JUNE 30, 1910.

MORNING SESSION.

Meeting called to order at 9:15 A.M. by Dr. Thompson.

Report of Advisory Committee by Dr. J. A. Munk, which called for subreports on documents as follows:

Document No. 1, by Dr. McCann, referring to report of Dr. Mundy. Motion made, seconded and carried that report be accepted.

Document No. 2, by Dr. A. F. Stephens, referring to balance of Dr. Mundy's report. Motion made, seconded and carried that report be accepted.

Document No. 3, by Dr. Davis, referring to Owen bill.

Document No. 1.

Whereas, We the Advisory Committee, having examined the report of W. N. Mundy, M.D., regarding the expense of issuing the Quarterly as our official organ; therefore be it

Resolved, That we endorse said report, and extend to Dr. Mundy our earnest thanks for so successfully accomplishing the work undertaken a year ago and at so small expense.

We also recommend that Dr. Mundy receive an additional one hundred dollars as remuneration for his services the coming year.

Respectfully submitted,

J. D. McCann.

Document No. 2.

Your committee begs leave to report upon the report of the Corresponding Secretary as follows:

Whereas, Said report covers fully in an excellent manner the many points of interest and profit to this Association;

Resolved, That this Association adopt the report without change.

A. F. Stephens.

Document No. 3.

Your committee begs leave to submit the following report:

Whereas, It has ever been the policy of this Association to encourage the study and practice of medicine in such a manner and with the sole object in view of securing the most beneficial results and the highest attainments in the treatment of diseases and the greatest successs in preventing sickness, and

Whereas, We have refrained from and do not now intend to make any attack upon any school of medicine, yet we are compelled to note with regret that certain members of the medical profession, arrogating to themselves the power to control the methods of education, the qualifications of physicians and the remedies to be applied, are seeking to control the free and independent course of study and practice, and have, with certain publications, endeavored to prejudice the public against our Association; and

Whereas, We believe that such self-styled and self-created autocrats do not honestly represent the rank and file of any one school of medicine, nevertheless we recognize the fact that on account of the indifference and the inactivity of members of their own association, they are trying to hamper us, and the peculiar methods of proselyting which are adopted for the purpose of increasing the membership of their association and thereby inducing the public to believe that their vast membership indicates a belief in the prin-

ciple advocated by the self-made leaders, who, in our opinion, have united the doctor and politician for the sole purpose of exalting the latter at the expense of the former; and

WHEREAS, By the activity of the class of physicians hereinbefore referred to, certain limitations have been made as to the qualifications of physicians, and certain remedies have been endorsed and others found more efficient have been condemned; and

WHEREAS, Certain measures have been introduced in Congress and the Senate of the United States in which we can plainly recognize the handiwork of those who would be autocrats in the profession and by their methods hamper progress in the use of medicines, circumscribe the qualifications of physicians and build up a political measure for the purpose of creating sinecures and obtaining emolument for themselves by not only invading the rights of physicians, but curtailing the powers of the various States in the Union to combat in their own locality and within their own territory disease, plague and pestilence whenever it should appear; and

WHEREAS, This Association at all times will welcome legislation which will tend to the betterment of mankind and the lessening of disease and the curing of the same, yet it nevertheless views with alarm the assumption of power by any political organization who would create a monopoly in the interest of themselves and others of like ilk; therefore be it

Resolved, That this Association is unalterably opposed to any federal legislation looking to the creation of a cabinet officer of health or board of health established by the federal government, except such legislation be so prepared and passed as to preserve the absolute liberty and independence of colleges and the preservation of State rights without the interference on the part of any officer or officers of the federal government with the free and untrammeled study and practice of medicine in all its forms and branches; and be it

Resolved, That a copy of the foregoing preamble and resolutions be forwarded to such representatives in Congress and members of the Senate as by the Secretary of this Association shall be deemed proper. J. B. DAVIS.

Motion made, seconded and carried that report be accepted.

Document No. 4, by Dr. Stevens, referring to Secretary's report.

DOCUMENT NO. 4.

REPORT OF RECORDING SECRETARY ADVISORY COMMITTEE.

Inasmuch as it has been brought to our notice that the Illinois (Eclectic) Medical Society, at its last meeting in Chicago, did by resolution refuse to comply with and obey the rules and regulations of this Association;

Resolved, That they be declared unaffiliated with the National Eclectic Medical Association, and we hereby request that the *loyal Eclectics* of Illinois make application for membership in the National Eclectic Medical Association, and we assure them a hearty welcome. And be it further

Resolved, That the loyal Eclectics of Illinois be so considered at the

hands of this Association, that they may join as individual members without greater expense than would accrue had their State organization remained in good standing with this Association; and we therefore ask the unanimous consent of this Association to remit to the individual members the extra one dollar required in States where there is no State Association.

A. F. STEPHENS.

Motion made, seconded and carried that report be accepted.

Document No. 5, by Dr. W. T. Gemmill, referring to the President's address.

DOCUMENT NO. 5.

Your committee desires to congratulate the President upon his most excellent address, and the Society upon the great work he has done for it during the last year, and offers the following resolutions and reforms as suggested in his address.

We respectfully recommend that a committee of five be appointed to revise the constitution and by-laws in accordance with the suggestions made by President Thompson, namely: As to the control of auxiliaries and the removal of any discrepancies between the constitution and by-laws as to the control of these societies.

We also recommend that certificates of membership be numbered and that recipients of the same be required to place their signatures on some part of them for identification.

We read with pleasure the reference to the increase in the classes of our schools and the praise for Dr. Mundy and the QUARTERLY, and recommend that our members continue to bear in mind the necessity of seeking proper students for these institutions, so that the great good that Eclecticism is doing may be continued. We also recommend that the QUARTERLY be continued and that the thanks of this Society be extended to Dr. Mundy for the care and thought which he has exercised in his position as editor.

W. T. GEMMILL.

Motion made, seconded and carried that report be accepted.

The report of the Credential Committee was made as follows, and upon motion of Dr. Scudder it was voted that applications for membership be accepted. The list, exclusive of those published in the June QUARTERLY, is appended.

ARKANSAS.

Boyce, S. G., Little Rock.
Foster, R. C., Little Rock.
Gardner, L., Adkins.
Gardner, R. H., Pottsville.
Hoag, Chas. M., Judsonia.
Lewis, W. H., Langley.
Luman, C. H., Langley.
Miller, T. C., Dayton.
Moreland, S. W., Jonesboro.

CALIFORNIA.

Baird, A. P., International Bank Bldg., Los Angeles.
Beard, James, Los Angeles.
Crance, A. J., Pasadena.
Davis, Orrin, Sawtelle.
MacLean, D., 948 Market St., San Francisco.
Tomkins, J. G., 2229 Folsom St., San Francisco.

CONNECTICUT.

Case, Wm. G., Bloomfield.
Steinberger, Morris, 617 Hancock St., Bridgeport.
Williams, G. W. H., North Grosvenordale.

GEORGIA.

Biggers, Stephen P., 128 Emmet St., Atlanta.
Bryant, Leroy, Maxeys.
Edwards, J. I., Fayetteville.
Grizzard, N. J., Century Bldg., Atlanta.
Hancock, M. W., Carrollton.
Kirkland, Grace, Century Bldg., Atlanta.
Mann, A. J., Alvaton.
Mauldin, P. O., Norcross.
Miller, G. C., Coreyville.
Rhodes, Barlow D., Grayson.
Rhodes, N. S., Rossville.
Thomas, E. B., 121 Park St., W., Atlanta.
Trible, J. M., Lithonia.
Webb, W. A., Lithonia.
White, A. F., Flovilla.

INDIANA.

Baldridge, E. R., Rosedale.
Coffey, Bert, R. No. 1, Rushville.
Coffin, Oliver S., 1919 Prospect St., Indianapolis.
Finlaw, Fred., Moscow.
Gill, J. G., New Lebanon.
Hosman, F. L., 2232 Martindale Ave., Indianapolis.
Jones, J. H., Marshall.
Porter, Geo. C., Linton.
Sugg, H. H., Mt. Vernon.
Shrout, Wm. T., Waldron.

ILLINOIS.

Dearlove, Mary A., 1121 Masonic Temple, Chicago.
Novak, Anna F., 1420 W. Eighteenth, Chicago.
Schroder, Bertha B., 1025 W. Eighteenth, Chicago.
Rust, John W., Willow Springs.
Stokes, C. A., Edinburg.
Szwajkart, Adam, 870 W. Dwersey Bl., Chicago.

IOWA.

Crosten, Thomas, Lucas.
Dunlap, A. W., 422 E. Sixth, Des Moines.
Eslich, L. E., Rockwell City.
Gibson, W. H. Y., 325 Walnut St., Des Moines.
Jones, T. J., 2827 Logan Ave., Des Moines.
Minkler, B. C., 407 Walnut St., Des Moines.
Moorman, C. T., Packwood.
Prall, A. A., 434 E. Locust St., Des Moines.
White, J. M., Mt. Ayr.

KANSAS.

Baird, Jay, Coffeyville.
Billingslea, J. E., Matfield Green.
Bondurant, Essie, Newton.
Burnaman, W. C., Hollensburg.
Jones, C. H., Galena.
March, S. F., 1221 Garfield, Kansas City.
Mollette, Isaac F., Philipsburg.
Nutter, E. R., Brough.
Ross, A. S., Sabina.
Sanderson, J. E., Pittsburg.
Smith, G. H., 650 Minnesota Ave., Kansas City.
Welding, F. K., 504 Minnesota Ave., Kansas City.

KENTUCKY.

Crabtree, L. R., Akersville.
Morgan, D. Ed., Maysville.

MASSACHUSETTS.

Allen, N. A., 175 Tremont St., Boston.
Burchmore, C. P., Shirley Ave., Revere.
Clark, Wm. C., 7 Charter St., Boston.
Denkinger, J. A., 14 Harris Ave., Jamaica Plains.
Forebush, A. W., 173 Highland Ave., Summerville.
Pratt, Chas. A., Chatham.
Leverone, Louise M., 346 North St., Boston.
Perrins, John, 7 N. Huntington Ave., Boston.
Phillimore, F. C., 329 Hanover St., Boston.
Von Sonneberge, A. S., 50 Dwight St., Boston.

MISSOURI.

Barry, J. R., Cartersville.
Frazier, J. C., Gallatin.
Glover, T. L., Eugene.
Hardman, H. H., Milan.
Hill, E. C., Smithville.
Hill, W. H., St. Joseph.
Hunt, T. J., Albany.
McCleary, A. S., 330 Shutte Bldg., Kansas City.
Meredith, O. O., Breckenridge.
Merwyn, G. M. D., 2233 Olive St., St. Louis.
Packwood, S. D., St. Joseph.
Reed, B. H., Flat River.
Scott, R. E., St. Louis.
Storey, J. C., St. Joseph.
Waterhouse, E. R., 1011 Dillon St., St. Louis.
Weary, F. G., St. Joseph.

NEBRASKA.

Andrus, F. M., Lincoln.
Case, J. D., Dorchester.
Charleton, G. E., Moorefield.
Charlton, W. A., Palmyra.
Connery, A. F., Neligh.
Cummings, H. B., Seward.
Faught, A. M., Cordova.
Grimes, R. S., 115 N. 11, Lincoln.
Guttery, W. D., Norfolk.
Hoschover, G. D., Panama.
Housel, C. L., Ansley.
Howard, J. D., Harvard.
Irvin, Isaiah W., Auburn.
Latta, J. O., Clay Centre.
Lee, Vera M., Lincoln.
Lewis, E. J., Louisville.
McFadden, Harry W., Lincoln.
Marvel, G. H., Aurora.
Mathews, A. L., Callaway.
Morrow, Bert E., Funk.
Morrow, Milton, Seward.
Piersol, M. R., Cairo.
Robinson, Amy, Hastings.
Root, B. A., York.
Rush, Chas. H., 203 Richards Blk., Lincoln.
Rydeberg, Chas. A., Litchfield.
Schully, H. H., Sutton.
Schmaltz, W. F., Lincoln.
Seng, G. E., 1305 O St., Lincoln.
Skinner, A. O., Denton.
Sloan, W. T., Adams.
Snow, Lillian L., 1339 O St., Lincoln.
Spradling, R. H., 1315 O Street, Lincoln.
Stannard, J. T., Tomora.
Webb, J. L., Beatrice.
Welch, A. C., Weeping Water.
Wright, F. T., Box 156, Davey.
Vanderhoof, T. J., Rising City.

NEW JERSEY.

Broom, B., Jersey City.
Brown, Bailee, 88 Powers St., Jersey City.
Conover, J. V., Elmer.
George, E. Rogers, Patterson.
Kitchen, G. H., Washington.
Potter, G. E., 100 Halsey St., Newark.
Schireson, H. J., 30 Central Ave., Newark.
Tobynne, C. M., 59 Atlantic Ave., Jersey City.

NEW YORK.

Bernstein, James, 1361 Forty-sixth St., Brooklyn.
Boehm, Wm. H., 116 W. 117th St., New York City.
Blaustein, Abraham, 421 Sixth St., New York City.
Blackfan, H. S., Cambridge.
Chirurg, Leon, 52 Eldridge St., New York City.
Dawley, M. W., Richfield Springs.
Denny, Eli, Nassau.
DiLee, Emanuel, 129 Montrose Ave., New York City.
Downey, E. L., Middleport.
Dressell, Frieda, 626 Decatur St., Brooklyn.
Elliott, F. E., 7404 Third Ave., Brooklyn.
Elmendorf, W. T., 219 Auburn Ave., Buffalo.
Gregg, George W., Canandaigua.
Hayes, H. A., 593 W. Ferry St., Buffalo.
Herzog, A. W., 123 W. Eighty-third, New York.
Hobbie, George S., 716 Main St., Buffalo.
Hill, A. R., Interlaken.
Horton, L. E., Avoca.
Hyde, O. A., Meade St., Queen's Court, Queen, L. I.
Johnen, A., 875 Caldwell Ave., New York City.
Kahlenburg, F., 881 Brook Ave., New York City.
Krimke, Max., 1704 Lexington Ave., New York City.
Lanzer, Louis, 220 Penn Ave., Brooklyn.
Leewit, A., 1833 Lexington Ave., New York City.
Lordbeck, C. J., 107 Bergen St., Brooklyn.
MacDermott, M. B., 338 W. Forty-sixth, New York.
MacLachlan, Wm. E., 127 W. Sixteenth St., New York City.
Mallowitz, Pineus, 87 Henry St., New York City.
Meyer, Max, 424 Central Park, New York
Millis, Cæsar, 229 E. Fourth St., New York City.
Moskowitz, Z., 314 E. Third St., New York City.
Muncie, Elizabeth H., 119 Macon St., Brooklyn.
Padgham, E. G., Geneva.
Palmitier, Adelaide, 1556 New York Ave., Brooklyn.
Pomeroy, T. W., Hotel Arlington, East Twenty-fifth St., New York.
Robens, Thos., Ballston Spa.
Runziba, Oscar, Smith and Baltic Ave., Brooklyn.
Salter, G. W., 56 Summer St., Brooklyn.
Schwartz, H. B., 124 Columbia St., New York City.
Shaffer, Stella, 291 Henry St., New York City.
Shapire, Nathan, 502 Stone St., Brooklyn.
Sibley, J. T., 730 Third St., Brooklyn.
Simon, Carlton, 114 E. Fifty-sixth St., New York City.
Sinclair, F. D., Oswego.
Sinclair, F. L., Oswego.
Skeu, Max, 500 W. 122nd St., New York City.
Sutton, O. W., Bath.
Teinken, H. S., 343 E. Seventeenth St., New York City.
Terpenning, H. J., Fulton.
Turkel, Bertha, 101 E. Seventh St., New York City.
Waite, H. N., 115 W. Thirty-first St., New York.

OHIO.

Niederkorn, J. S., Versailles.

OKLAHOMA.

Beckham, H. F., Roosevelt.
Leachman, T. C., Richmond.
Peck, F. S., Oklahoma City.
Ray, W. T., Gould.
Wells, J. T., Erick.

SOUTH DAKOTA.

Baker, J. C., Ramona.
Seapy, John, Geddes.
Stearns, W. A., Hot Springs.

TENNESSEE.

Haines, Clarence E., LaFayette.
Stearns, W. A., Hot Springs.
Thoman, J. A., Pleasant Point.

TEXAS.

Drummond, Isabella, San Antonio.

WISCONSIN.

Oliver, C. H., Cambridge.

WEST VIRGINIA.

Miller, G. R., Amos.
Miller, T. H., Fairmont.
Yost, H. S., Fairmont.
Yost, D. L. L., Fairmont.

Upon motion of Dr. Boskowitz, it was voted that Dr. Stephens' paper be read before the general assembly. (Printed in this issue.)

Motion made, seconded and carried that this address be placed in the hands of the Advisory Committee.

Motion made, seconded and carried that the Secretary be instructed to consult with political conventions in the various States, expressing the position of the National Eclectic Medical Association with regard to any national board of health.

Upon motion of Dr. Boskowitz it was voted that Dr. S. B. Munn, one of the oldest members here to-day, shall receive a vote of thanks from the Association for his presence at this convention.

Section on Practice of Medicine called to order at 10:20 A.M. to complete reading of papers which, owing to lack of time, were omitted from previous day's work of this session.

Presiding officer, J. D. McCann, M.D.

FOURTH DAY, FRIDAY, JULY 1, 1910.

MORNING SESSION.

Meeting called to order at 9:30 A.M. by Dr. Thompson.

Report of Press Committee by Dr. Geo. W. Boskowitz.

Report of Auditing Committee by Dr. N. M. Glenn, showing examination of Treasurer's books and accounts with a balance of $1,154.32.

Motion made, seconded and carried that report of Auditing Committee be placed on file.

Report of Advisory Committee by Dr. J. A. Munk, which called for the reading of the following documents:

Document No. 7, by Dr. A. F. Stephens, relating to stenographic services in Secretary's office.

DOCUMENT No. 7.

ADVISORY COMMITTEE.

Acting upon the suggestion made by the Secretary that that officer be supplied with a limited stenographic service, your committee reports as follows:

WHEREAS, much time is required in detail work in connection with the Secrtary's office which is evidently too burdensome to that officer;

Resolved, that this Association appropriate an annual sum of not to exceed thirty ($30.00) dollars for the purpose of defraying the expense of a stenographer when it may be necessary to employ one.

A. F. STEPHENS.

Document No. 8, by Dr. A. F. Stephens, relating to amendment to Section IV, Article 1, by-laws.

DOCUMENT No. 8.

With reference to the suggested change of Section IV, Article 1, of the by-laws, your committee reports as follows:

WHEREAS, it is a fact that a member cannot remain in good standing after he refuses to pay his annual dues when they mature:

Resolved, that we recommend that this matter be called to the attention of the Committee on By-Laws, with the suggestion that Section IV of Article 1 be amended to read as follows:

Any member failing to pay his annual dues when they accrue shall stand suspended until such dues have been paid, and the payment of all arrearage shall have the force of a re-instatement, if no other disability exists; provided, that after a period of two years such member shall make application for membership, as provided in Section 1 of Article II of the By-Laws, and pay such fees as is provided therein. A. F. STEPHENS, *Sub-committee.*

Motion made, seconded and carried that report be accepted, and the President appointed Drs. Wilmuth, Scudder, Stephens, Hardy and Welbourn as the Committee on Revision.

Document No. 9, by Dr. Davis, relating to medical colleges and the protection of their students from the unfair treatment of any outside organization.

DOCUMENT No. 9.

We, the Advisory Committee, recommend the adoption of the following resolution:

WHEREAS, Certain incorporated bodies are assuming a power to dictate to all medical colleges and to interfere with the rights and privileges of citizens and physicians, therefore be it

Resolved, that we refuse to recognize this right or authority to set a standard; that we believe that the educational department in each State is capable of judging the qualifications of colleges and graduates within their State; that we recommend that State Boards, when considering candidates

for license, should accept the rating of the educational department of the State in which the college is located. Furthermore, be it

Resolved, that we will give our aid and assistance to the graduates of our colleges whenever their constitutional rights are threatened, and that we will assist all reputable colleges to accomplish this purpose. J. B. Davis.

Motion made, seconded and carried that resolution be adopted.

Document No. 10, by Dr. Gemmill, relating to Dr. Sharp.

Document No. 10.

Resolved, Dr. E. G. Sharp, of Guthrie, Oklahoma, who has been Treasurer of the National Eclectic Medical Association for a number of years, who, at the close of this convention, goes to visit the leading medical institutions of Europe for the purpose of making scientific investigations, not only for himself but for this Association as well, and that this Society wishes him success. W. T. Gemmill.

Motion made, seconded and carried that report be accepted.

Document No. 11, by Dr. Strouse, relating to publicity matters.

Document No. 11.

REPORT OF ADVISORY COMMITTEE.

Your committee to whom was referred the paper of Dr. A. F. Stephens, "The Eclectic School of Medicine," have examined the same and submit the following:

Resolved, that this Association have printed in pamphlet form a sufficient number of the same, together with such parts of the President's address as may be deemed proper, to be placed in the hands of members on application for distribution to the laity. This work to be in charge of Drs. W. N. Mundy, Geo. W. Boskowitz and A. F. Stephens.

Lee Strouse, *Sub-committee.*

Motion made, seconded and carried that report as made by Dr. Strouse be accepted and passed to Advisory Committee.

Document No. 12, relating to resolution of thanks.

Document No. 12.

Resolved, That we hereby express our thanks to the hotel management for their many courtesies, for their excellent care of our members and guests and for the special arrangement for our comfort and convenience.

Resolved, that we tender our thanks to the press of Boston for the kind consideration that we have received at their hands, and for the full and complete notices that they have given our meetings and proceedings.

Resolved, that we desire to express to the Massachusetts Eclectics our appreciation of the many courtesies extended by them collectively and individually, of their efforts to provide for our comfort and entertainment, and

our attendance at the National Association in Boston, June, 1910, will always be remembered with pleasure and appreciation.

Resolved, that we tender our sincere thanks to the Committee of Arrangements, especially its Chairman, for the full and complete arrangements made for our National meeting, for their preparation, for the care, comfort and entertainment of our members and guests.

Report adopted by rising vote of thanks.

Upon motion of Dr. Boskowitz it was voted that the report of the Advisory Committee be accepted as a whole.

Upon motion of Dr. Boskowitz it was voted that the floor be given to Dr. Munn, as one of the oldest members of the Association present.

Upon suggestion of Dr. Nathan L. Allen, of Boston, the floor was next accorded to C. Edwin Miles, M.D., Boston, as being one of the oldest members of the Association and having been twice honored by the presidency.

Remarks were then made by Prof. John W. Fyfe, Saugatuck, Conn.

DOCUMENT No. 13.

We, the Committee of the Electoral College, submit the following:

The Electoral College organized by the election of Geo. W. Boskowitz, M.D., as Chairman, and W. N. Mundy, M.D., as Secretary, and we submit the following for your consideration:

President, J. A. Munk, M.D., Los Angeles, Cal.
First Vice-President, John Perrins, M.D., Boston, Mass.
Second Vice-President, Florence Tippett Truax, M.D., Atlanta, Ga.
Third Vice-President, O. L. Massinger, M.D., Bridgeport, Conn.
Recording Secretary, Wm. P. Best, M.D., Indianapolis, Ind.
Corresponding Secretary, W. M. Mundy, M.D., Forest, Ohio.
Treasurer, E. G. Sharp, M.D., Guthrie, Okla.
We have selected as the next place of meeting Louisville, Ky.
We wish to add that the above officers were elected unanimously.

(Signed) COMMITTEE.

Each of the officers was introduced to the Association by G. W. Boskowitz, M.D., and responded by well-chosen words of appreciation for the honor thus accorded them, as follows:

DR. MUNK: I promised myself that when I arrived at the age of sixty I would quit work. When that age arrived I found that I was no more ready to quit work than I had been in the past. In fact, I find myself in the position of the man who caught the bear—I need somebody to help me let go. But I would hate to think that I had nothing to do, that I would be an idler and spend my time uselessly, though I have no fear of that, judging the future from the past. It was not my wish or desire to be placed in this high position as president of this Association, but I appreciate it very much, and thank you for the honor, because I consider that no man can hold any place in our ranks that confers greater honor than this—president of the

National Eclectic Medical Association. While at times I may not have said much, nor been seen much in early years, yet my heart and thoughts have always been in the cause. We certainly have a cause that appeals to every liberty-loving, free and independent American citizen, because this is our doctrine, that we should have a right to select our remedies and our treatment, and to respond to such calls as come to us from the public in cases of sickness and suffering, to relieve these conditions. I have regretted during the past years to note the seeming apathy that has been present among great physicians throughout the country, though I believe this was not as real as it appeared to be. But that there is an apathy, there is no question, but I doubt if there is any school of medicine but what has its weak brothers, who fail to draw any lines between the different schools of medicine. We hope that more can be accomplished in the near future than has been in the past. Much of this apathy has come from the doctors of the old school in endeavoring to destroy us. We are here to stand for ourselves and our cause. We want to receive your enthusiasm in our cause, and resolve in our hearts as we go out from this meeting to our State and local societies and fellow Eclectics who did not meet with us, to take with us and preach Eclecticism, and see if we cannot by personal effort induce others to take an active part and go to these gatherings. It would be a wonderful thing for our cause. Let us resolve that we will do this, each and every one of us, so we may have a greater influence and a larger gathering next year than we have had for several years.

I, for one, am glad that Louisville, Ky., has been selected for the next meeting, on account of its location. It ought to be convenient for many of our physicians to meet there, and if we will endeavor to brace up ourselves and influence our friends, we can come together there and have a really good and profitable time. I am glad that steps have been taken at this meeting to give publicity to Eclecticism by the printing and distribution of circulars and pamphlets. We must all stand together and use our influence to strengthen our cause.

Now I will promise you that as far as I am concerned during the coming year, although I am not anxious to accumulate any more labor than I already have on hand, I would be a craven coward if I did not do the best I could for you to the best of my ability. If there is anything that I can do for any one, let me know. I will do all that I can for any of the interests that I represent. If any of you come to our part of the country, we hope you will look us up on the Pacific Coast, and we will try to give you all a welcome. We want to get acquainted with each other and know what is going on. Let us read reports in journals and magazines so that we may know just what we have done. I thank you heartily and cordially for your act in making me president of this Association.

Dr. Abbott: This is indeed unexpected by me. I feel that I cannot properly represent Dr. Perrins. We are glad to have had you with us. You came finding us few in numbers, somewhat apathetic, and a little discouraged. You find us, figuratively speaking, alone. You leave us, from

the enthusiasm of your presence, a brand. We are glad to have had you. So far as we have been able, we have acted our part well. There are in the East a few brave, honorable, clean, reasonable leaders. In Massachusetts, one who for fifty years has stood for everything that was reasonable—C. E. Miles; in New York, one who by his force, by his personality, by his balance, by his diplomacy, has held together, in the face of the most strenuous opposition, a small band of earnest workers, that has in recent years been growing larger and stronger; one who has proved his right to leadership, and by his honorable dealings has held together as one united, for "no bad man can long hold the love of his fellows"—George W. Boskowitz. We have a few such men in New England. In Connecticut, one of the most unique characters, a mighty hunter once, but through the advance of eighty-four years more a trapper than a hunter, but still showing what he has been—Stephen Benjamin Munn.

One word more and I will have done. It is not what we say here, but what, when we get to our homes and in our communities and in the active walks of our daily lives, we do, that reflects upon Eclecticism and the cause we espouse. By the honorable, clean, straightforward, manly courses that we pursue we are judged as to what Eclecticism is. If we do there what we say here we shall be true geniuses, and when come to leave, as soon we must, this active life, and lie down to accept that unknowable, impenetrable beyond, then it shall be said of us, as it will be said of these honorable men here, they have fought a good fight.

Dr. Truax: Ladies and gentlemen, for the second time I stand before you to receive honor at your hands. I say now, as I said before, an office like this seems to me work, hard work. I accept this office from your hands with gratitude and heartfelt thankfulness, and I thank you very much.

Dr. Best: Mr. President, ladies and gentlemen, I wish to assure you that I appreciate the fact that you have been willing again to lay upon me the hardest work this Association requires. I enjoy your work very much indeed. I love Eclecticism as much as I enjoy your secretaryship. My ambition is to do well and honorably by you as well as by myself. My re-election means to me that I have in a measure succeeded. I hope that the work will not be in the chaotic condition at the end of another year that it is now. I feel thankful indeed that you have seen fit to put at the head of the ship so able a man. It has been my fortune in the past years to work with the best men we have had. Again thanking you for your kindness and for the courtesy and honor I have been the recipient of at your hands, I hope to serve you the coming year as acceptably as in the past.

Dr. Mundy: It was with considerable misgivings that I accepted the position last year of corresponding secretary. I assure you that the work has afforded me considerable pleasure, and I want to say to you that the Quarterly does not represent my ideal of a publication representative of this organization. It may be my ideals are too high, but I ask of you the full, free and frank assistance that you have given me in the past year, that I may work toward an ideal. I feel that you have again reposed in me your con-

fidence, and I thank you. If I should speak to you of all that I know and of all that I am finding out, the time is far too short. I again thank you for this honor.

A rising vote of thanks was tendered the retiring President, George W. Thompson, M.D., and a general vote of thanks to the other retiring officers.

The following were appointed as the Finance Committee: Drs. W. E. Kinnett, Peoria, Ill.; Lee Strouse, Covington, Ky., and W. T. Gemmill, Forest, O.

The convention adjourned Friday, July 1, 1910, at 1 P.M.

PRESIDENT'S ADDRESS.

G. W. Thompson, M.D., New York City.

OUR NATIONAL ASSOCIATION.

The National Association in the past year has grown rapidly and to all appearances the growth will continue for some time to come. There are several causes for this. One of the principal ones is the activity of that class of doctors that Dr. Lewis, of the Allopathic school, classes as the most despicable creature on earth, "the political doctor." Another is the admirable work of Dr. Mundy, editor of the QUARTERLY, in taking the time to visit Georgia and give a helping hand to Dr. Durham and other good Eclectics of that State, and the work that the doctor helped to accomplish on his visit to Wisconsin is worthy of the highest praise; the work done by Professor Lloyd in giving aid to the true Eclectics in Iowa in affiliating that society with the National Society. The work of Drs. Laws, of Arkansas, McCann, of Indiana, Blankmeyer, of Texas, Munk, of California, Boskowitz, of New York, and Scudder, of Ohio, for their work against the Owen's Bill and in their State societies for the success of the past year. Too much praise cannot be given to the officers, elected and appointed, of this organization, that have responded to every demand made upon them. To them whatever success this meeting may enjoy the credit should be given. To the section officers for this fine list of essays and for the efforts you have made in behalf of the Eclectic school of medicine, I extend to you my thanks.

THE STATE SOCIETIES.

The State societies of the several States have increased their membership. New Jersey, where there has not been a meeting for several years, has held two lately, and decided that the State society would hold quarterly meetings for a time, and voted to affiliate with the National. There have been some differences in the Illinois and Indiana societies in relation to affiliating with the National on account of some members not desiring to join for personal reasons or for some grievance. To these societies the National can but wait for the time limit as prescribed by the Constitution, when they must affiliate or an organization will be started by the regular

members of that Society in the State that will affiliate. The time of by-play or catering to persons is past if Eclecticism is to prosper. The day of one man or a few men is past for this society. The dead have buried their dead and the living ones, if there be any that attempt to disrupt, will be declared demised and be permitted to be buried outside the breastworks in the enemies' cemetery.

STATE SOCIETIES.

The duty of the State society is to be watchful of the interest of physicians of the State and see that no measure detrimental or of a discriminating nature passes the legislature. Every encouragement must be given to the State societies by the National Association. In States where there is no State society, the National, in accepting members from that State, should assume the responsibility of bearing the burden of protecting the interest of these applicants. Wherever a State board attempts to discriminate against graduates of our colleges because the college does not bear the endorsement of any sect, corporation or society within that State or foreign to it, it should be the duty of this Association to protect that graduate in his constitutional rights. Your attention is called to this matter. Although non-official, I have learned that in one State of the South where there is but one board, the Allopathic, they have passed a resolution not to recognize applicants from an institution that did not have the endorsement of the A. M. A.

THE FEDERATION OF ECLECTIC COLLEGES.

The reports from the federation of Eclectic colleges are of the most encouraging kind. The matriculants have increased, and the graduating classes are larger than for several years. There is evidence of prosperity among them all, manifested in the California Eclectic Medical College at Los Angeles; the Georgia College of Eclectic Medicine and Surgery, Atlanta; Eclectic Medical University, Kansas City; Lincoln Medical College, Nebraska, and the Eclectic Medical College of the City of New York, which have all increased their school facilities for laboratory work and teaching, while the Eclectic College of Cincinnati, O., can be congratulated on the completion of its new home. This is as it should be. The teaching in the Eclectic institutions should be of the highest order, meeting the requirements of State departments, so that physicians leaving the portals of our institutions will be able to cope with the best in the world in every branch of medical and surgical science. Upon these institutions this Society must depend for its growth. To these institutions Eclectic medicine must rely for its continuance, and to these institutions every energy that lies in this Association must be expended to protect them and their students in the retention of every right and privilege that the students and physicians of any other medical school enjoy in every section of this country, and every department of State and nation, whenever these privileges are threatened.

CERTIFICATE FOR MEMBERS.

The certificates for members should be safeguarded as much as possible, so that they cannot be used by others than the ones to whom they are issued. When one of them is obtained by deceit or fraud and cannot be regained by ordinary means, the secretary of the several States should be notified of the facts, so that the proper authorities of the State may be informed whenever the person holding such certificate migrates to their State, thus preventing any benefit or honor accruing to the holder. In the last year, unfortunately, on the recommendation of the State society, one Mae Rochelle received a certificate from the National Association and has up to the present time retained it. The responsibility rests with the Society of Kansas. If they are unable to regain for the National this certificate, then it is the duty of this Association to make it valueless as far as possible. Every certificate should be numbered consecutively, and the persons receiving them should be identified upon some part of the certificate.

THE NATIONAL ECLECTIC MEDICAL ASSOCIATION QUARTERLY.

At the last meeting of the National Association it was decided to publish a quarterly journal, in the place of printing the annual Transactions, as in previous years, and $1,000 was appropriated for the purpose, the journal to be entitled *The National Eclectic Medical Association Quarterly*. The manner in which the Association transacted this business, and the judgment exercised in the selection of an editor, have been amply demonstrated by the promptness of the first issue on time, with the report of the proceedings of the meeting, the valuable essays which placed it above many of the older journals; the subsequent issues appearing promptly, filled with valuable information on medicine, science and literature, with a news column that keeps the members posted on what is transpiring in medical matters, each issue improving until the last one, which is not surpassed in excellency by any medical publication in the country. This QUARTERLY has passed beyond an experimental stage, and has come to stay. Its field of usefulness will be ever growing broader and broader as the responsibility of this Association increases towards its institutions, its auxiliaries and the Eclectic practitioner in every part of the Union. This Association is to be congratulated upon having such an elegant QUARTERLY, and the editor, Dr. Mundy, has the thanks of this administration for his able work.

SOCIETIES AND CLUBS FOR DRUG STUDIES.

To these organizations every encouragement should be given by this Association and its auxiliaries. It is the knowlegde that Eclectics have of drug therapy that makes our practice superior to other schools and lays the foundation for a clinical science treatment of disease. Eclectic physicians may join other schools, but they continue to practice Eclecticism. There are several organizations, and in the near future there will be more, some organized by Allopathic physicians who will not remain inactive after the charges that have been made by members of their own society that they

have no practice of medicine. The American Eclectic Materia Medica Association in Chicago is doing excellent service for the Eclectic practitioner, through the indefatigable work of its secretary and treasurer, Arthur Weir Smith, A.M., M.D. The Specific Medication Club of the City of New York and the Eclectic League of Drug Research of Kentucky are also doing splendid work, and are deserving of thanks from this Association.

CONSTITUTION AND BY-LAWS.

The great trouble of getting a constitution and by-laws that will be clear and apparently non-conflicting in a body like this, is because it is neither wholly autocratic nor is it wholly democratic. If it was one or the other, the question of constitution and by-laws would be simplified.

There should be an effort made to at least have the by-laws in accord with the constitution, so that a decision made by a presiding officer according to the constitution would not be reversed by a subsequent decision based upon the by-laws. Your attention is called to Article X, Auxiliaries of the National, the last clause: "State societies shall pay an annual per capita tax of two dollars for each member in good standing." Now turn to the by-laws, Article IV, Discipline of Members, Section 4: "Any person expelled from this Association shall not be received as a delegate to this Association until the society, whether State or local, to which he shall belong, shall show good and sufficient cause for reinstatement in this Association." This section shows conclusively that the member expelled from this body does retain a membership in the sub-organization. The word "did" placed before "belong," in the place of "shall," would make this a positive loss of membership in all of the organizations when he lost it in the National. This matter is very important, for this organization cannot have, or at least should not have, as a source of recruits, a society that would retain as members persons that have been expelled from this Association, that are injurious to the cause or withdrawn for the purpose of working in the interest of the old school. This question should be settled quick for the good and welfare of true Eclectics belonging to such a society.

Again, the term "auxiliary" or "affiliated" gives two classes of State societies. "Auxiliary" is used where State societies retain autonomy, but are a source for reception of candidates and fees to the National, while the affiliated body loses a part of this power. The auxiliary as not governed by the National, and can have for membership any old thing, while the affiliated will be governed in its National matters by this Association's constitution and by-laws. Uniformity in this matter should exist for all of the State societies. The discipline of members should also be applicable to affiliated societies. To the by-laws should be added that once a State society becomes "affiliated" and afterwards votes to non-affiliate, that society ceases to be an auxiliary, and the members so voting cease to be members of this Association, but this should not apply to the members that voted to retain affiliation. I am firmly convinced that this Association, to retain

its self-respect, cannot bow to any organization that will retain as active members persons who in every act show they are trying to injure our Association. The sooner such persons or societies are outside of the breastworks, and the spineless Eclectics that cater to them, the less trouble we will have in our Association; for any students they may have will go where the fawning is done, and when they graduate will try to belong to the political doctors' brigade.

If this Association desires to be somewhat democratic, let an initiative and referendum clause be placed in the constitution so that questions may be submitted to and from auxiliaries.

ORGANIZATION.

Organization—this term is the synonym of success, whether it be applied to scientific, social, religious bodies, or to political parties and business. Organized bodies, to succeed against organization, must have some natural advantage, or the creation of an artificial one, which prevents equal competition. Politicians have recognized the necessity of organizing since politics existed, improving their methods from time to time until it probably became the most perfected with the famous "blocks of five," when nearly as many votes were cast as there were inhabitants in the section. The social height was obtained by organized society, and the play for social leadership, or to prevent too many approaching the object desired, and the angling to see which line would hook the most desirable catch of the season, is very interesting, although friendship has been broken, families disrupted and bitter feuds developed by disappointment. The instructions to Christians and heathens alike in taking the path to the unknown, is by well-organized methods. The greatest swindle of the age is perpetrated by organizations. The greatest amount of good can be accomplished when organized for good, or the greatest injury caused when organized for bad. It is evident by proper organization that great things can be accomplished with less waste, less expense and quicker and larger returns than can be obtained with no organization. The captains of industry a few years ago recognized these advantages, and through organization have succeeded in placing capital above its creator, labor. Labor has been forced to organize or suffer further depredation. Organization in every movement, whether it be for individual uplifting or party success, has the advantage, and forces organized opposition or often annihilation.

The organizing of Eclectic physicians in the several States was necessary to preserve their rights in the State, because organization was against them. To form a National Association in the past was necessary as a sort of clearing-house of information as to the status of Eclectics in the several States. Now it is necessary to continue as an organized body and be the representative of all the States, because an organized body from every State is attacking our schools and endeavoring to enlist *as their aid the national government.* This Association must perfect its organization so as to accomplish the greatest amount of work in the shortest time, at the

least expense. To do this its constitution and by-laws should be in accord and so plain that conflicting instructions by the members, as well as erroneous decisions by presiding officers, would be an impossibility. The fewer and simpler the laws the less liable are they to be violated, the less autocratic they are in relation to the auxiliaries and yet retain its autonomy, the stronger it will become; the more readily it responds by organized work whenever its colleges or State societies are in danger, the greater respect it will command from them. To-day a work is before the National and should not be shirked—that is, the defense of the Federation of Eclectic Colleges. If the colleges die, this Association will die from senility, Eclecticism dies. Here is where the enemy is striking to destroy the source of supply, and by cajoling with the poor, worthless, spineless member, to hasten the day of our doom. Away with this class! They are worse than a pest. They are a curse to us and a blight to whoever may harbor them. Our constitution and by-laws should extend to the auxiliaries uniformly, and should govern their every act in relation to this Association, and no more. An auxiliary society that retains a member that has been expelled or has withdrawn from the National should be sufficient ground for censure.

As I have stated, this body has been attacked. To find a year in the last fifty that the Eclectic physician in some State of the Union has not been attacked would be very difficult. This year it is by the politicians of the Allopathic medical societies of all the States. The attack is upon our colleges. The plan began with these politicians back when the pure food bills were introduced and there was a prospect of public patronage for this horde. Since that time their acts and methods have been similar to the methods in the State legislatures—of the most deceptive kind—until this year, when this organization, that can beat the political organization with blocks of five by from one to fifteen votes upon any motion that the leaders desire to pass, and is made up of editors of cheap publications and that class of physicians that Dr. Lewis, of the Allopathic school, calls "the most despicable creatures on earth, the political doctors," become exceptionally bold, so bold, in fact, that they become cannabalistic, and are destroying their own, it is quite evident that there is something in sight of a profitable nature. What makes the jackals so bold, where heretofore they have adopted every subterfuge, and united with any old thing, ever with the political cry of the "Dear Public" to gain advantage for their school and patronage for themselves. That large educational fund is in sight, and, although seemingly large, it is but a few crumbs from idle capital that cannot find ready and profitable investment, but can be made useful in keeping the laborer always a laborer and depriving his offspring of opportunity—keeping them, like the parent, a victim to plunder in the future by greedy capital, and the labor market ever overstocked with idlers, by investing in institutions that can be made to pay when competition is removed, which can only be done by the destruction of the small colleges. To accomplish this, public sentiment must be aroused in favor of educational centers and large institutions that will compare favorably or excel the educational centers and institu-

tions of foreign countries. This is comparatively easy, for most of these great philanthropists and esteemed citizens own a share of the public press, and many editors are willing to place a paid advertisement in the columns of reading matter as news. But to further carry out their well-organized plans it is necessary to find some one to execute them, somebody who will act as strikebreaker or Judas among professional men. Where could they be found? It did not take the manipulators of oil and steel, who have had experience with pliant tools in labor struggles in years gone by, long to discover the class of doctors that are ever posing as public benefactors, trying to destroy every school but their own, and ever presenting strike bills in the legislature that will furnish political jobs for themselves. There might have been some doubts that professional men would be willing to sacrifice their former associates and help to destroy their own medical institutions scattered throughout the country, but upon this point they were not kept long in suspense, for at their meeting in Chicago the old cry of "The Dear Public" went skyward, and under the rifts of steam that sent it forth the wail of "too many doctors," 'way out of proportion to the population compared to old countries, a preponderance of ill-trained physicians, the denunciation of four-fifths of the colleges of the country; the unwarranted attack upon lawyers, legal institutions and literary colleges; then the introduction of a bill in Congress to establish a cabinet position and a National Department of Health that would give to these people an absolute control of all the colleges—medical, legal and educational—in the country, and would place every institution of medicine and every practitioner at the mercy of this band of political doctors, show that they are willing and serving their masters well.

The statement of Dr. Henry Pritchett, president of the Foundation Fund, that there was a tremendous overproduction of doctors, a great many of them ill-trained; that there are four-fifths too many colleges in the country; followed by the statement of Mr. Abraham Flexner, the educational expert of the Foundation Fund, who has been investigating the medical institutions of the country, and has had a member of the American Medical Association in close attendance upon him when he visited some, that the country is supporting four-fifths more doctors than it should, that there are four-fifths too many colleges, and that the remaining fifth would be able to supply all the doctors required in this country, shows the connection between the political clique of doctors and the Foundation Fund. The further statement of this expert that the schools are run for personal profit, and that the teachers are inferior in quality, and that a much superior grade would be obtained in endowed institutions, assumes that the salaries that are paid from an endowment fund would obtain better teachers than could be obtained by salaries paid from private funds. He also asks for freer access to the hospitals. What freer access could they have, when, by the process of begging and political chicanery they have held almost every hospital and public institution of all kinds, as well as the quasi-charitable ones that treat only a sufficient number of poor persons to let them into the

bread line of the public contribution. They have held the positions and had free access to the inherited institutions for centuries, and have as yet developed no scientific nor even a semi-scientific treatment for disease. What does Mr. Abraham Flexner mean by a freer hand to obtain scientific methods of treatment? Has he his brother, Dr. Simon Flexner, the head physician of the Rockefeller Institute for Medical Research, in mind? That institution has gained at least one qualification—the raising of the price on guinea-pigs, monkeys and other animals, until this class think almost as much of this institution as the independent oil dealer of a few yars ago thought of its donator. Is Mr. Abraham Flexner looking for an inexhaustible supply and cheaper material for his brother to practice upon among the poor of the city, in his search for scientific medicine? If so, what kind of a name would the unfortunate coin to take the place of the "black bottle" that is so frequently mentioned when they are advised to go to a public hospital after they had taken a few injections from Brother Simon? No, it would be far better, if the experiments carried on in the Rockefeller Institute are to be continued, that they practice upon the same kind of an animal that they have heretofore, even if they are expensive, than it would be to enter the public wards of our institutions to experiment on the unfortunate. With the terrible arraignment of Dr. Pritchett, of Abraham Flexner, with the corroborative statement (let it be worth what it may) of the political doctors against the medical profession; the colleges and the hospitals acknowledging to the world that the Allopathic school has no scientific practice, that their treatment for disease is no better nor worse than the ordinary charlatan that practiced mythical ways to drive out evil spirits and impose upon a credulous public, causes little wonder that thoughtful and intelligent people seek cure for their ills from others than the Allopathic school of medicine. If all that these people say is true, and an honest exposure has been made, we must agree with them that the great percentage of physicians in this country have been ill trained, that they have no practice of medicine, and that the people have been imposed upon, and that the sooner the medical students seek the Eclectic college, where they will be taught what scientific medicine means from a clinical experience, and the doors of the hospitals are thrown open to all of the schools of medicine, where those that are compelled to seek charity and cure for their ills can have rational treatment, the better it will be for the public and the profession.

The number of Eclectics that we have in this country, as stated by my predecessor, is about 8,000. There are probably as many more from other schools practicing Eclecticism, while there are three times as many that are using our remedies and slowly ascending to the Eclectic plane of practice, so that at least 40 per cent. of all the doctors of this country are more or less believers in our remedies. In the past year there has been upwards of forty of our physicians called to their eternal rest. In remembrance of them I ask all to stand in silence for a minute. The number of our physicians that have become incapacitated from age, accident and sickness, number at least as many more. The number of graduates from our institu-

GEORGE WASHINGTON THOMPSON.

Whilst presenting you with the portrait of our President, we deemed it wise to present to our members the portrait of the one who did so much to make our last National meeting a success. George Washington Thompson, M.D., our ex-President, like the present one, is an Ohio product, being born in Cleveland in 1855. His father, also a physician, was a native of Ireland and his mother of Puritan stock. No wonder the doctor combines within him such a spirit of reform, work and tenacity of purpose. He is a graduate of the Eclectic Medical College of the City of New York, class of 1885, and at present Professor of Practice of Medicine. Dr. Thompson, by reason of his indefatigable energy, made his administration of the affairs of the National Association a success.

P. P. Outland, of Zanesfield, O.; P. E. Halbert, of Cyruston, Tenn., and Cyrus Pickett, of Broken Bow, Neb.

No data could be obtained concerning Dr. Halbert and very little concerning Dr. Pickett.

Philander P. Outland, M.D., 1851-1908.

Philander P. Outland, son of Thomas and Eliza (Freer) Outland, was born April 10, 1851, in Perry township, Logan county, Ohio, and died at Zanesville, Ohio, November 5, 1908. His preliminary education was acquired in the common schools and his higer education at Lebanon, Ohio. In early life he was a farmer. He read medicine in 1876 with Dr. H. H. Outland and subsequently entered the Eclectic Medical Institute, from which he graduated in 1881. He then located for practice in Zanesfield, where he remained until his death. Dr. Outland was a useful citizen, holding positions of public trust as postmaster and township and village clerk. As a physician he was successful. He held membership in the I. O. O. F. and the K. G. E., in the Ohio and National Eclectic Medical Associations and in the Methodist Episcopal church. Dr. Outland was united in marriage with Emma R. Pope, October 3, 1883, at Zanesfield, Ohio.

Kent O. Foltz, M.D., 1857-1908.

Specialism in medicine may be a feature productive of great good as well as of great harm. In the hands of the competent man it is capable of yielding the best and greatest results in both medicine and surgery. That it has been and is being greatly abused in some directions will, we believe, be generally conceded. The man fresh from the college benches may or may not make a capable and safe specialist. The chances are that he will not. On the other hand, one who has practiced general medicine, even but for a few years, is far more likely to intelligently enter the field of specialism and give both prestige and dignity to it because of the abundant experience he is capable of bringing into his new work. The Eclectic school of medicine has produced few specialists without previous training in general practice. It has been the impression among Eclectics, and well founded, we think, that he who enters at once into a specialty immediately upon graduation is handicapped and cannot with honor to himself and justice to others compete with his competitor who has seen and treated most of the maladies that afflict humanity. Hence specialties have grown slowly in our school, and her men have spent the greater part of their careers in the preparatory stage to specialism—that of general practice.

Of this class of well-prepared men came the late Professor Kent O. Foltz. In consequence of his splendid training in medicine, in pharmacy, botany, and chemistry, and as a practical optician, he brought into his specialty a wealth of knowledge that made him not only a specialist of the highest merit, but a teacher of singular power and popularity. In him was combined the skilled diagnostician, the expert operator, and not the least, and a rarity among specialists in whatever school, an accomplished and

exact therapeutist. If we were to name his greatest work, we should declare it to be the elaboration and application of specific medication in diseases of his special department. It is true that many specific indications had been previously worked out as applying to eye, ear, nose and throat diseases. Prof. J. M. Scudder had noted many, and Prof. Wm. Byrd Scudder was making progress in this feature of therapy, when broken health and an untimely death took him away from it. The specific therapy in diseases of the ear and eye contributed by Professor Foltz to Professor Webster's Therapeutics brought him into prominence, and the subsequent journal articles, society papers and work, and the special monographs on his specialty made specific medication conspicuous as a part of the treatment. When we reflect that specialists in these branches run largely to operative means and optics, and little to medication, the immense advantage of Professor Foltz's work in specific therapy will be more clearly apparent and better appreciated.

Kent Oscanyan Foltz, M.D., was born in Lafayette, Medina county, O., February 16, 1857. He died at the Seton Hospital in Cincinnati, June 6, 1908, following an operation upon the nasal passages. His father, Dr. William K. Foltz, was one of the pioneer and best-known Eclectic physicians in the State.

Dr. Kent O. Foltz was liberally educated. He graduated from the Ashland (Ohio) High School in 1872 and attended Buchtel College at Akron, Ohio. He early entered mercantile life, engaging in the retail drug trade, and subsequently had charge of the manufacturing department of a drug and chemical house. For a time he also worked at the optician's desk, a circumstance that made him doubly expert in his chosen specialty. Selecting medicine as his life-work, he began reading under the tutelage of his father and later matriculated in the Western Reserve Medical School of Cleveland. Being strongly inclined toward Eclectic therapy, he finished his student course at the Eclectic Medical Institute, of Cincinnati, graduating therefrom in 1886. He at once engaged in general practice, but with a view to electing a specialty later, which he prepared for by taking special instruction on the eye, ear, nose and throat, in 1888, at the New York Postgraduate School. This course he supplemented by another in the New York Polyclinic, in 1889. During 1890 it was his good fortune to have been asked to care for the private and institutional patients of one of the teachers connected with the Polyclinic, the Manhattan Eye and Ear Infirmary, and the Harlem Dispensary. Relinquishing this work, he again engaged in general practice for four years, after which he devoted his time and talents wholly to his specialty, in which he subsequently achieved remarkable success and a well-earned reputation for skill and good results. In recognition of his ability in his chosen field he was called to Cincinnati in 1898 to fill the chair of Didactic and Clinical Ophthalmology, Otology, Rhinology, and Laryngology in his alma mater—the Eclectic Medical Institute. Here he not only filled the chair with great credit, but built up an excellent clinic which has done much to extend the already good reputation of the school. This clinic, in

order to have a wider range of surgical observation, was transferred to Seton Hospital (connected with the college) and is now one of the best clinics Cincinnati affords.

Dr. Foltz was a member of the National and several State societies. In 1891-92 he was president of the Ohio Eclectic Medical Association. As one of the associate editors of the *Eclectic Medical Journal* his editorials were of a general character and his influence was always exerted for the betterment and uplifting of the profession. Dr. Foltz was the author of two text-books of high rank, which have met with a favorable reception from practitioners of whatever creed—"Manual of Eye Diseases" (1900), and "Manual of Diseases of the Nose, Throat and Ear" (1906). He also contributed the sections of the specific therapy of the eye and ear to Prof. Herbert T. Webster's "Dynamical Therapeutics," and conducted for many years a special department on the Eye, Ear, Nose and Throat in the *Eclectic Medical Journal.* Dr. Foltz was an exceptionally fine botanist, able at sight to pick out almost any plant that grows in fields or forest, and was widely conversant with exotics and their culture. This love of botany was undoubtedly inherited from his mother, also a fine botanist, and the doctor developed it fully by study and observation.

Dr. Foltz was of medium stature and well-knitted frame. He had light —inclined to reddish—hair, a ruddy complexion and a sandy mustache. His blue-gray eyes reflected clearly the merriment so strongly a part of his nature. A keen sense of humor made him one of the most enjoyable of companions. He knew and enjoyed a good story, and could tell one with effect. Dr. Foltz was a wide and critical reader. He loved art and the artistic and appreciated good music. Choice editions of the best authors found a place in his library, and his taste in bindings was that of a connoisseur. Especially was he a deep student of psychology and criminology, and had made some important original observations concerning the relationship between visual defects and the tendency to the commission of crime. Unfortunately, only notes concerning this phase of his studies were left by him.

As a teacher Dr. Foltz was painstaking and thorough, and, though he was not a fluent lecturer, he was a splendid operator and clinical instructor. As before mentioned, specific medication was his strong forte, and he made it count for the most in his work and teaching. As a writer Dr. Foltz was concise and direct, inclined to be epigrammatic, but was never verbose. While he wrote clearly, he was seldom ornate. He quickly detected inconsistencies in the lives and acts of others, and often saw the opportunity to score others heavily, yet he seldom gave to his articles more than a humorous vein of kindly sarcasm, if such an expression may be used. Even then it was apparent between the lines that he meant to gently but effectually swing the professionally erring or inconsistent into line for the uplifting of the cause of medicine. His feelings toward men were kindly, and he let no occasion pass to do a good turn to his fellow physicians or to the school of his choice.

In matters of religion Dr. Foltz was an agnostic, and he did not hesitate

to utter his convictions. For this he has been criticized, and this naturally was to be expected when the majority of people are raised to respect and to hold some existing form of religion. But no matter what may be our personal beliefs, who in these days of enlightenment and liberality, and in view of the widely varying religious opinions, can other than comparatively condemn the honest belief of another? Dr. Foltz was a man of sterling worth, and his friendship was of the enduring and helpful kind. In face of distractions and sorrows, and long in bodily ill-health, he maintained an unbounded optimism—an optimism that could well be emulated by all men. We can pay no better tribute to this gifted and loyal Eclectic than to reproduce the words of his friend and co-laborer, Prof. John Uri Lloyd, in the last issue of the *Gleaner:*

"We remember Prof. Kent O. Foltz, M.D., as an optimist who practiced optimism, not preached it. The class of the Eclectic Medical Institute well know how he suffered during the last years he was with us, and they yet recognize the cheerfulness with which he met his duties and the earnestness of his teaching. To us this optimism in Professor Foltz's disposition has appealed since the day of his graduation, and also previously during his course of study in the college. His father was an optimist ahead of him, and his mother was alike blessed with cheerfulness and brightness of disposition.

"We remember meeting Dr. Foltz in New York after the serious accident that befell him in Akron that so nearly put an end to his existence. We then congratulated him on the philosophical manner in which, in the very prime of life, he met a disaster that threatened to be irreparable. In our opinion, his optimism then served him well, for had he been possessed of a pessimistic spirit he would have succumbed.

"In the very midst of trials, physical and otherwise, he came to Cincinnati to meet problems, professional and otherwise, that the pessimist would never have surmounted. That he succeeded is due to the optimism that possessed him and that drew to him friends who were friends in fact and in deed."—Sketch in the *Eclectic Medical Gleaner,* September, 1908, by H. W. Felter, with portrait.

Alexander Wilder, M.D.—1823-1908.

Alexander Wilder died at his home in Newark, N. J., September 18, 1908. There then passed from the arena of this world's life one of the most remarkable of men.

Alexander Wilder, M.D., erudite philosopher, philologist and historian, whose monumental accomplishments the Eclectic profession is ever ready to honor, bore well these titles to distinction. His very ideals of mental freedom made his life necessarily a part of the structure and history of Eclecticism.

Alexander Wilder came of Massachusetts parentage, his father being Abel Wilder, and his mother Asenath (Smith) Wilder. A distinguished line of ancestors had these parents. In 1638 Thomas Wilder, a yeoman of Lancashire, England, came to Massachusetts and bought the town of Lancaster from the natives and settled there. His mother was of somewhat more aristocratic lineage. Her father, William Smith, a soldier of the Rev-

olution, though from County Derry, Ireland, was of pure Scotch descent from Ayrshire. Her mother was the daughter of Colonel Abraham Williams, of Marlboro, Massachusetts—a cousin of General Artemus Ward, who commanded the army around Boston in 1775 until superseded by General Washington.

Dr. Wilder was remotely related to the wife of President John Adams, to Margaret Fuller (Ossoli), and to William Boardman, the organist and student of Harvard College, 1658. Of this English, Scotch and Irish stock Alexander Wilder was born at Verona, N. Y., May 14, 1823, being the eighth of a family of ten. The district school furnished his early education. At the age of fourteen he left school, and at the precocious age of fifteen he began teaching. Always a student, he read everything that came in his way, and at this early age had mastered the branches ordinarily taught, and made a good beginning with such academic subjects as botany, chemistry, rhetoric, algebra, Latin and Greek. He never had a college education, but acquired his great knowledge by diligent study, aided by a remarkably retentive memory. The extent of his acquirements may be judged from the fact that he afterward fitted a young man for the sophomore degree in college, and translated the works of Iamblichus on the Egyptian Mysteries from the original Greek. Spending several seasons in Massachusetts, he began reading medicine with his cousin, Dr. George H. Lee, a Regular physician, and Dr. J. A. Gridley, a Botanic physician. Many of his brothers and sisters dying upon reaching adolescence and adult age, and not being very robust himself, Dr. Wilder began to question prevailing medical methods, and thus was led to examine into the new notions of the day, such as mesmerism, the water cure, etc. Thus began his independent career, in which, however, he had at that date no purpose of becoming a practicing physician. At the age of eighteen, desiring to be an editor, he learned to set type. Here he laid the foundation his ambition sought, and subsequently, in many conspicuous journalistic positions, displayed his remarkable intellectual powers and capacity for learning. In this connection it may be said that for thirteen years he was connected with the editorial staff of the *Evening Post*, of New York. In 1854 Dr. Wilder became a clerk in the New York State Department of Public Instruction, and in 1856 edited first the *New York Teacher* and afterward the *College Review*. In these capacities he traveled among the colleges of Indiana, Illinois and Missouri, and held teachers' institutes. Upon visiting the State of Illinois he drew up the bill to incorporate the Normal University. General John A. Logan championed it in the House of Representatives and the Hon. Norman B. Judd in the Senate.

As early as 1848, while still working on the New York home farm, he organized a County Botanic Medical Society, which a year or two later took the name Eclectic. He was now fairly heretical in medicine, but he regarded Beach's practice as safer and more complete than Thomson's. Though disliking illiteracy, he never ceased to admire the energy and courage of Thomson. In 1850, upon request, he attended the session of the New York Eclectic Medical Society. He was made secretary to the society,

and subsequently lectured in the Syracuse Medical College. Here began his long and conspicuous service in Eclectic medicine, which is too well known the QUARTERLY readers to require special notice. During the interval between 1853 and 1864, however, he took little interest in the proceedings of medical bodies.

In the capacity of representative of the *New York Evening Post,* he was at one time a power among the legislators at Albany, who frequently sought his advice. So well versed was he that he predicted, county by county, the actual majority received by Mr. Lincoln in 1861.

While active in public life and as a legislative correspondent and much relied upon for his knowledge of State and National politics, Dr. Wilder never held but one political office—that of alderman in New York City, to which he was elected on an anti-Tweed ticket, receiving 84,500 votes—several thousand ahead of his associates. This to him was not an eventful experience, but it served to determine him to have nothing more to do with politics. He therefore cut loose from all political organizations, and never again affiliated with a political party. When literature and politics were his absorbing occupation he was familiarly known as the Political Encyclopedia. That he was a power in politics is evident from the following statement in a letter to Dr. Wilder from Captain William A. Wheeler, afterward Vice-President of the United States: "This office (the presidency of the Constitutional Convention of New York), is the highest that I have attained, and for it I am indebted to you."

Though Dr. Wilder did not exercise his privilege of voting for several years after attaining his majority, he was an Abolitionist. In 1848 he acted with the Free-Soil party and subsequently with the Democrats. When the Republican party was formed he became a member of it, voting for Fremont and for Lincoln. He deprecated the Civil War, however, as he was ever opposed to war, capital punishment and cruelty in general. In late years he eschewed politics, having a strong sympathy, as he expressed it, with the remark of the Hon. John Sharp Williams: "The people are tired of the Republicans and afraid of the Democrats."

From 1876 to 1895 he served as Secretary of the National Eclectic Medical Association, editing, during that period, nineteen volumes of its Transactions. Four times has the honorary degree of M.D. been conferred upon Dr. Wilder, but, while appreciating such and other collegiate distinctions, he made no selfish use of the honor. Dr. Wilder's influence procured for Dr. R. S. Newton the charter for the New York Eclectic Medical Society. The bulk of his medical and public career is in the domain of the future historian's pen, and much to our regret, owing to lack of space, cannot now be even touched upon.

In person Dr. Wilder was of striking appearance, tall, sparely built, with a massive head and remarkably piercing eye. He was a ready, fluent, and pleasing speaker, kept his temper in debate, and by reason of his great wealth of knowledge, seldom found his match in discussion. Born with a liberal sprinkling of stubbornness, he has enjoyed mental freedom in all his

acts, more than once making great personal sacrifices in behalf of friends. We believe this will be recognized when, in a time to come, his biography is written in detail. Though temptation to do so had often arisen, Dr. Wilder carried no malice, possibly not trusting sufficiently Carlyle's wise injunction, "It is well to think well of mankind, but ill to trust them much." While his service to Eclecticism has been long and exacting, his erudition and philosophical trend will ever stand conspicuous in the historian's record of deeds.

From early manhood, as has been said, Dr. Wilder never failed to hold the most intense passion for knowledge, and this was particularly apparent in the fields of philosophy, archeology, philology, common law, and whatever may tend to improve human life and conditions. Partisanship, which takes it for granted that one side is always right, and the other always wrong, was ever distasteful to him. The passion of Dr. Wilder for knowledge was unbounded, though, like all true philosophers, he felt that he had little learning of which to boast, but, rather, a most embarrassing amount of ignorance.

In religious belief Dr. Wilder was as free to exercise his freedom of mind as he was liberty loving in all his acts. To quote his own words written in 1905:

"I am rather a philosopher than a religious man. As my parents were of the Calvinistic school, I was early inducted into it, but became a dissenter at the age of seventeen. I have a strong attachment for the Swedenborgian doctrine and was for years a friend and correspondent of Professor George Bush. . . . I am a Theist, believing in a Supreme Being, in and by whom all things subsist and exist; in a universe peopled by spiritual essences who more or less watch over and inspire the actions of human beings; in continuous subsistence of the human soul; in the infallible result of all actions for weal or woe; in doing good to all as there is opportunity. . . . In 1842 I was a 'Transcendentalist;' I am now a Platonist."

Of the legion of literary works of Dr. Wilder, we can mention but few. He edited Westropp and Wake's papers on Ancient Symbol Worship (1874), and prepared a work on the same subject which has not yet been published. He also edited Taylor's Eleusinian and Bacchic Mysteries (1874), and Clarke's Serpent and Siva Worship (1875). Among his other writings are: A series of papers on Egypt and the Egyptian Dynasties; Alchemy and the Great Work; Secret of Immortality Revealed (1846); Neo-Platonism and Alchemy (1869); Our Darwinian Cousins (1873); Plea for the Collegiate Education of Women (1876); Entheasm (1881); The Soul (1884); Psychology as a Science (1884); Fire—Plutonian and Promethean (1884); Higher Sources of Knowledge (1884); Life Eternal (1885); Paul and Pluto (1885); Ethics and Philosophy of the Zoroasters (1885); Ancient Symbolism and Serpent Worship (1886); Later Platonists (1887); Philosophical Papers (1890); Creation and Evolution (1895); Antecedent Life (1895); Philosophy a Factor in Progress (1897); The Imagination (1900); Ganglionic Nervous System (1900); Perennial Life (1902); History of Medicine (1902); Translation of Iamblichus on Egyptian Mysteries (1902);

Intermarriage of Kindred; Micro-organisms in Disease; Metaphysics in Matter; Visions and Creations of Thought; Chapter on Imagery; Foreknowledge and Prophecy; Last Words of Socrates; Swine and Sacred Rites; Chapter on the English Language; Ethics of Work; Early Education; Practical Value of Philosophy (oration at the Philosophical Symposium at Illinois College); Mind and Cerebration; Paracelsus as a Physician; Knowing; Genesis of the Koran; Chinese Philosophy; Vaccination a Fallacy.

These works are all marked by the touch of a master in the subjects discussed. The one that most concerns us is, naturally, his History of Medicine, which, a model of conciseness, displays a keen insight into the field of ancient and medieval medicine, while that part relating to the rise and progress of "irregular" American medicine, and particularly of that period in which, as a protesting reformer, he was an active participant, furnishes the only reliable collected data that has yet been published in book form concerning comprehensive American medicine.

Loyal to the medical friends of his earlier days, he frequently contributed reminiscent and biographical sketches of them to various Eclectic medical journals. Among these may be noted sketches of Drs. Henry K. Stratford, Stephen B. Munn, Richard E. Kunze, J. R. Borland, and the Yeagleys.

Dr. Wilder resided in Newark, N. J., and in recent years was hard at work upon a series of papers on Platonic philosophy, appearing in "The Word," a philosophic magazine. A man's worth and character may sometimes be best shown by the testimony of those closest to him. Of Dr. Wilder, Prof. Henry B. Lord, of Cornell University, wrote: "Dr. Wilder is a man to be remembered." A. Oakey Hall, ex-mayor of New York, and celebrated in New York politics, characterized him as "an encyclopedia of political knowledge." Major-General Ethan Allen Hitchcock wrote: "I would that Wilder's mantle fell on me." A. Sannis said: "His style is superior to that of Emerson," while Edgar Saltus wrote: "His erudition is marvelous, his style agreeable without being pedantic, and his views broad and powerful." Another has more fully summed up his characteristics in the following fulsome tribute:

"He is remarkable for the readiness and extent of his observation and memory; a wonderful readiness in the acquisition of diversified knowledge, historic, geographic, astronomic, biographic, professional or pertaining to the business of life. He would naturally become highly intelligent, learned and well-informed in any pursuit in which he might engage, whether literary, professional or practical. His abilities would be characterized by general intelligence, quick intuition, and correctness of perception and judgment. He is a bold and independent thinker, an inflexible lover of justice, cordial and constant in friendship, and never forgetful of an injury or kind act. He is not aggressive nor contentious, but very quick and forcible in resistance to dictation or encroachment. He is disposed to shape his course independent of parties or cliques, but possesses the ambition, intellect and unflinching will to carry out his purposes. He is quick in perceiving and deciding what is before him, and therefore able to transact any business with rapidity. He possesses a large endowment of patience and

fortitude, which enables him to control the manifestation of his feelings, without, however, becoming readily tranquil under annoyance. But these endowments enable him to persevere faithfully in difficult undertakings, and to struggle manfully with the difficulties of life. His temperament is restless, and the sensibilities quick and keen; but the predominant tendency is toward intellectual pursuits. Here he might, by constant effort, attain the eminence due to merit, but he would not seek the fictitious reputation won by petty intrigue and pandering to popular prejudice."

Dr. Wilder experienced his greatest joys among the recondite books and philosophic studies he loved so well. Appreciating the position his publications occupy at present, and their unquestioned value in the future, the Lloyd Library has for a long time made special efforts to procure every possible print from the pen of this erudite philosopher, whose fullness of years seemed not to disturb in the least the reasonings of his erudite mind and the wealth of his intellectual self.—Sketch by H. W. Felter, in *Eclectic Medical Gleaner* (with portrait).

John William Burns, M.D.—1867-1909.

John William Burns, son of Patrick and Mary Kavanagh Burns, of Scotch-Irish extraction, was born April 19, 1867, near Richland Center, Wis. He died February 9, 1909. Dr. Burns was educated at the Detroit school and the Richland Center high school, graduating from the latter in 1885. He afterwards successfully taught school and became county superintendent of schools. In 1889 he was granted by the State board a teacher's life certificate. He then engaged in the study of medicine with a Dr. Ludwig, about 1889 or 1890, and entered the Eclectic Medical Institute in 1890, graduating therefrom in 1892. Beginning practice in Lacrosse, Wis., he removed in 1896 to Viola, where he remained until 1905. Dr. Burns then took a post-graduate course in the Eye, Ear, Nose and Throat College of Chicago, and located as a specialist in that branch in Marshfield, Wis., where he followed his profession until a few months before his death. Dr. Burns was an active member of the National E. M. A., the Wisconsin E. M. A., having served as vice-president of the latter for two years and president for one year (1902-3). He was also an Odd Fellow and Woodman and a member of the Methodist Episcopal church.

Dr. Burns was a young man of great promise. When he graduated he was the valedictorian of his class. As a physician he was signally successful, and as a citizen much respected and useful, having served as county superintendent of schools and as village president. When in college he took down stenographically Dr. Locke's lectures, and his notes were used by a committee of students in the preparation of a printed work (now out of print), called Locke's Lectures.

Perry Claud Clayberg, M.D.—1847-1909.

Perry Claud Clayberg was born on a farm in Fulton County, Ill., October 13, 1847. He died at — — — — — February 1, 1909. His parents were Samuel and Eliza Orwick Clayberg, both German. His early edu-

cation was acquired in the public district schools, his higher education in the high school of Cuba and Carthage, Ill., though he did not graduate. In his boyhood he worked upon the farm, and before taking up medicine he was a successful school-teacher. He read medicine with Dr. J. K. Welch, of Cuba, Ill., and attended medical lectures in the Keokuk Medical College in 1870-71, finishing his course by graduating from the Eclectic Medical Institute of Cincinnati in 1875. He then practiced successively in Terre Haute, Raritan, Neponset and Quincy, Ill. In September of 1890 he removed to St. Louis, where he passed the remainder of his professional life.

In 1884 Dr. Clayberg was invited to occupy the chair of practice and physiology in the Quincy Medical College. In 1890 he accepted the position of professor of obstetrics in the American Medical College of St. Louis, and afterwards became professor of the principles and practice of medicine. In 1906 he was made dean of the faculty. In 1907 the National Eclectic Medical Association honored him by election to the second vice-presidency. Dr. Clayberg was a member of many medical societies, among them the National, Missouri State Eclectic and the St. Louis City Medical Society—a joint medical organization. He was also in affiliation with the Methodist church, was an Odd Fellow, Modern Woodman and member of the G. A. R.

Dr. Clayberg was maried in November, 1871, to Mrs. Mary R. Moran, who with a daughter, Mrs. R. J. Hill, survive.

As a man, Dr. Clayberg was genial and companionable; as a practitioner, successful; as a medical lecturer he is described as eloquent, convincing and witty. With the student-body he was a general favorite. In his religious life he is declared to have been faithful and consistent.

Cyrus Pickett, M.D.——1909.

Dr. Cyrus Pickett, of Broken Bow, Neb., was one of the oldest Eclectic practitioners in the United States at the time of his death. He graduated from the Eclectic Medical Institute in 1870. At the meeting of the National at Los Angeles he was made a life member without fee. (Upon inquiry, no further data could be obtained concerning Dr. Pickett.—F.)

Edwin Dibble Wiley, M.D.—1846-1909.

Edwin Dibble Wiley, son of William Wiley, M.D., was born April 19, 1846, at Woodstock, New Brunswick, Canada, and died in 1909. His early occupation was farming, and he was educated in the public schools and Elgin Academy, at Elgin, Ill. He read medicine with Drs. H. K. Whitford and Pierce Tyrrell, of Elgin, and attended Bennett College of Eclectic Medicine in 1868 and 1869, graduating therefrom in the latter year. He then practiced in Chicago one year, when he went to Des Moines, Ia., July 4, 1871. Dr. Wiley was for nearly twenty years secretary of the Iowa State Eclectic Medical Society, and was a member also of the National and the Polk County (Iowa) Medical Society. The honorary diploma of Drake University Medical Department was bestowed upon Dr. Wiley in 1901.—H. W. Felter, M.D.

Charles Emmett Quigg, M.D.—1851-1909.

Charles Emmett Quigg, M.D., one of the ablest and best known physicians of Wisconsin, died at his home in Tomah, Wis., February 12, 1909.

Dr. Quigg was born in Ticonderoga, Essex county, N. Y., September 30, 1851. In early boyhood he came to Wisconsin with his parents, who settled in Walworth county, near Delavan, afterward removing to Iowa, and thence to Kasson, Minn. It was while living at that place that he began the practice of medicine, and after practicing a short time at Fox Lake, Grand Rapids and other points, he located in 1884 in Tomah, which has been his home ever since. About that time he was married to Miss Clara Gould, of Tunnel City.

Dr. Quigg was naturally endowed with the qualities which make the successful physician. In a short time he built up an extensive and lucrative practice, which he always maintained, extending not only through all the neighboring country, but to many distant localities. He was of a generous and sympathetic nature, and won the personal attachment of his patients in an unusual degree. In unnumbered cases the poor and distressed received his services without money and without price.

While winning success and even eminence in his profession, he also discharged his civic duties and gave freely of his time and means to promote the interests of the city. He occupied many positions of honor and trust, among them being the office of mayor, to which he was four times elected. In politics he was a Democrat, and in 1893 he was elected to the legislature. When the State Board of Medical Examiners was created, he was appointed a member and was chosen president for two terms. He was also government physician at the Tomah Indian school from its establishment until the time of his death.

Dr. Quigg was graduated from Bennett College with the class of 1887. He was an active member of the Wisconsin State Society, and also of the National Eclectic Medical Association, which he joined in 1895. His counsel and leadership have done much for Eclecticism in the State of Wisconsin.

He was an active and prominent member of several fraternities, notably the Masonic order, in which he had attained to the 32d degree, Tripoli Shrine. He was a member of the Sparta Commandery, Knights Templar.

A man of noble nature, of unusual ability, an untiring worker for the people he served and for the public good, a cheerful optimist, a generous nature, made Dr. Quigg loved by all, and his life should be an inspiration to every doctor.

He died of pneumonia, after having successfully resisted numerous former attacks.

Benjamin Ellsworth Du Vall, M.D.—1867-1909.

Dr. Benjamin Ellsworth Du Vall was born at Monticello, Ill., June 19, 1867. After leaving school he taught for five years, after which he spent several years on a farm. Desiring to study medicine, he went South to

Atlanta, Ga., where he graduated from the Atlanta Eclectic Medical College in 1900. After leaving college he practiced in McGregor, Texas. Still desiring a larger preparation for his life's work, he took a post-graduate course of medicine in the American Eclectic College of Chicago, in 1904. On June 19, 1904, he was married to Mrs. Gertrude Hurst, at Davenport, Iowa. He went immediately to Dixon, Ill., where he opened an office and practiced medicine until his death, which occurred April 15, 1909, at the Dixon, Ill., public hospital, as a result of a hemorrhage following a kidney operation.

Dr. Du Vall came to Dixon as a young and rising physician, conscientious, careful and studious in all his work, and devoted to his profession, with a heart of sympathy for the poor. Although belonging to a busy profession, Dr. Du Vall was a faithful and active member of the Methodist church, and also taught a large Sunday-school class. Modest and unassuming, yet skillful and successful as a physician, he grew in the estimation and esteem of his profession and of all who knew him. A short service was held at the M. E. church Saturday morning at 9 o'clock, after which the body was taken to Monticello, Ill., for interment.—*Chicago Medical Times.*

THE ECLECTIC SCHOOL IN MEDICINE.

A. F. Stephens, M.D., St. Louis, Mo.

The Eclectic school in medicine is the outgrowth of a protest begun in the early part of the nineteenth century against the *harsh, poisonous, health-destroying* practice of the old, or allopathic (now called *regular*), system of medicine.

The word "eclectic" was taken as a name, it being best adapted to convey the meaning of the movement to establish a *safe, sane* and *curative* system of medical practice, as opposed to the *crude, inhuman* methods in vogue at the time. The word is derived from the Greek, and signifies to choose or select the best means of cure from every source obtainable.

Every age produces a few men who *see* and *think,* and, thinking, seek for ways and means to aid mankind in its struggles to advance to better conditions and to live better and healthier lives. Such men are pioneers in whatever branch of human endeavor they may cast their lot and devote their lives. They are usually called reformers, and they seek the welfare of the race. They are protestants against the established, deep-rooted, and, in most part, erroneous order of human affairs. If such protests are strong enough they result in the formation of new centers, around which become grouped all those persons whose bent of mind, line of thought and method of reasoning run more or less parallel. Such was the outcome of the protest nearly a century ago in America against the crude, unreasonable and vicious practice of medicine at that time.

Let us examine into the so-called *regular,* or old school, practice of the period mentioned. At that time the remedial measures adopted by the pro-

fession of medicine in the cure of the sick were confined to a limited number of mineral drugs, depletion by blood-letting (either by means of the lancet or leech), blistering, etc. Drugs derived from the higher organizations of plant life were practically unknown to the profession at that time. The list of drugs or medicines which were in daily use in the practice of medicine a century ago could be counted on one's fingers. The most prominent of these were mercury, antimony, arsenic, bismuth and iron. These were used heroically in large, poisonous doses, which disturbed and perverted every function of the body, and oftentimes destroyed life. In those days the sick were made sicker by the treatment; in fact, the stomach and bowels were so severely affected by the treatment that digestion could not go on, and the body suffered for the want of nourishment, death often resulting from exhaustion. Those recovered who were possessed of an excellent supply of vitality—vitality sufficient to withstand both the disease and the treatment. Then, very often, if they survived such treatment they came out of it with sore and bleeding mouths, decaying teeth and rheumatic joints, a wreck of their former selves, yet believed their ill-recovery was due to the disease, knowing no better. Do you wonder now, you who read this, that a protest strong and powerful, should arise against such a barbarous, unreasonable treatment of the sick; against a treatment which destroyed the vitality of the body and whose lasting effects were, many times, worse than the disease?

Coincident with the use of the drugs mentioned were the lancet, the leech and the fly blister, all used for the express purpose of depleting (thinning down) the patient. The theory was that disease was an exaltation and must be depressed. We of later days know that "disease, wherever found and however manifested, is always an impairment of life, and during its continuance lowers vital force, and that all means of cure should have for their object to sustain the vital force while removing the difficulty." But in that time, when the Eclectic school was in the process of formation, the treatment consisted almost wholly in violent purging, exhaustive bleeding, and the blistering of extensive skin surfaces until the poor victim forgot his ailment in the torment of the *cure*. His bowels were moved until they could move no more, neither could the patient. Do you wonder, then, that a cry went up which has reverberated down the century, and that through the building up of a new school of practice the old school was forced to abandon mercurial salivation, avoid inordinate physic, stay the lancet and leave the leech to his quiet life in the pond; and that now the life-blood is permitted to flow uninterrupted through the vessels, the Spanish fly is banished to his own, and the patient permitted to retain his skin? These have all been accomplished through the protest made a hundred years ago by the Eclectic school in medicine. The battle at times has been fierce and the opposition strong. The fight for a better and safer practice of medicine has been opposed by every means at the command of men. The jail was brought into use in the beginning. Abuse, vile epithets, ridicule and ostracism later on—all have been tried in a desperate effort to kill the

school and the effects of its protest. All have failed, and the world to-day owes a debt of gratitude to Eclecticism for a safe, sane, kindly and effective practice of medicine. The old school has been compelled to modify its methods of healing, and, failing to profit by the light of the protest, it is groping to-day in a maze of illogical reasoning. However, it has had to curtail the use of those drugs which destroy the health and leave behind some lasting defect. The people having learned this lesson (many by sad experience), will no more permit the abuse of their bodies through the administration of poisonous doses of harsh remedies, but demand a more kindly treatment. They protest against being salivated with mercury as of old. They object to violent purging and its consequent weakening of their physical strength. They flinch at the suggestion of a blistered skin, and have driven the "bleeder" to put up his knife. They have learned much during the century just past. And yet, perhaps, they do not realize that all of the above is due to the Eclectics, and to them should be all the praise. The leaven which was put into the loaf by the early Eclectics has been working all these years, and the whole lump is being leavened, and men are demanding a safe, sane and reasonable treatment when sick.

The foregoing might be classed as negative results which have come about because of the Eclectic school in medicine. Let us examine, then, some of the features which can be classed as positive results.

The Eclectic school has developed the long line of American plant drugs, which constitute the most reliable and effective agents known to medicine at the present time. These drugs are many and varied, as the plant life of the world furnishes unlimited products for the cure of the sick. By tireless and unceasing labor the Eclectic school has searched out these products, examined them carefully, eliminated the objectionable, concentrated them until their medicinal action is secured in the small, pleasant dose, not objectionable to either taste or smell. This has been accomplished by intelligent discrimination on the part of Eclectic physicians, aided by scientific manipulation of the crude drugs by the foremost pharmacists and chemists of the age in which we live. The Eclectic school has developed, and has in process of perfecting, what is termed *specific* or *direct* medication. The term means that it has been proven beyond the possibility of doubt that drugs have a direct or specific action upon certain specific disease-conditions of the body, changing them in the direction of normal healthy action. The old school has fully demonstrated that drugs administered wholly for the name of a disease, as pneumonia, for instance, are not constant in their action, nor will they often prove curative when so applied; hence the lack of faith in the curative power of drugs, as the adherents of the old school concede on every hand. The Eclectic school has demonstrated that drugs have a positive curative action when administered in proper doses for the purpose of correcting distinct or specific pathological conditions of parts or organs. They have proved that remedies so applied will remove or relieve the condition indicating the remedy under like circumstances, no matter by what name the disease may be called. It is a *morbid condition* and

not a *name,* which points the way to an intelligent administration of medicine.

As an example familiar to all, let us take that condition of a perverted circulation wherein there is a determination of blood to the brain—that is, too much blood in the part, as is shown by such symptoms as intense headache, flushed face, bright eyes, contracted pupils and great restlessness. Such a condition may be present in a dozen different diseases. Any remedy that will relieve the blood pressure and equalize the circulation will cause the above symptoms to disappear, and in so far as this condition is removed the patient nears the standard of health. This process of reasoning includes also what is known as *specific diagnosis,* or analytical diagnosis. This method of diagnosis has a direct reference to the treatment that is to follow, and just so far as this method has been developed and perfected we have a scientific and positive practice of medicine. The Eclectic physician treats the patient and not the disease, and each patient to him is a distinct and separate case, even though his disease may bear the same name as all others of like character. For be it known that no two cases of the same class are exactly alike. Hence each must receive in treatment that which his peculiar manifestations require at the hands of the physician, if we would follow an intelligent course. On the other hand, under the present method pursued by the old school, every patient having the same named disease receives at its hands the same treatment. The old school, never having learned the value of drugs, is enmeshed in the *serum* fad, and every case wherein serum is supposed to be useful is injected with it, even though the symptoms and conditions vary in all cases. They do not take account of the many underlying conditions which positively indicate a diametrically opposite treatment; hence while some may recover in spite of the treatment, others die because of the failure to meet distinct pathological states. The discovery that like diseases differ in different persons, and that what will prove curative in one patient will not in another; and that drugs have a positive curative action when indicated; and that the small, pleasant, non-poisonous dose of a concentrated drug is the most speedily effective for good, entitles the Eclectic school in medicine to the everlasting gratitude of the people. And when in the years to come it is realized that the *serum* treatment had its birth in ignorance, as a result of a refusal to investigate a plain truth; that it is a lazy man's treatment, and that it is positively harmful in many cases, and only seemingly curative in others; that the decreased mortality is due rather to the fact that the old harsh treatment has been traded for a somewhat milder one, and that both are directly opposed to common sense and sound judgment, and that mankind would be better off without either—then will it be plainly evident that the Eclectic school, born as a protest, and still protesting, has done a work for humanity that cannot be measured.

The Eclectic school has also established the undoubted value of the small, medicinal, kindly-acting, non-poisonous dose of a drug administered at frequent intervals, over that of the large, depressing, poisonous dose of the regular school given less frequently. The Eclectic school has for its

motto *"Vires vitales sustinete,"* which means *sustain the vital force in all diseases and under all circumstances.*

While the Eclectic school has proven that our best and most effective remedies are derived from the more highly organized plant life, life that approaches closely to that of animal life, it does not (as some are led to suppose) discard the mineral drugs, but uses them whenever and wherever they may be rightly adapted, or prove curative and not destructive to life. Care, however, is always taken that they are never administered in such doses as to act in a poisonous manner, the smaller, non-poisonous dose being always used.

The term Eclectic, as was said in the beginning, is derived from the Greek language, and means to choose or select. Be it understood, however, that while the word was adopted to designate the reform movement by the early Eclectics to indicate their opposition to the authorized medical practice, with its inhuman treatment of the sick, it did not then, nor does it now, mean that they were choosing or selecting only what others had discovered and proved to be good; but the term was and is used in its fullest sense to cover original investigation and discovery in the domain of medicine. It does mean, however, that we choose or select those means and remedies which are safest and lead most effectually to a restoration of health. No rational means for the alleviation of suffering have been nor are now discarded by the Eclectic school. All means that will bear the light of reason, or that can be proved safe and sane in the treatment of the sick, no matter from what source they may come, are eagerly sought for and used by Eclectics. Let it be stated here that the term "herb doctor," which in the past was derisively applied to the reform school, had no basis in fact, as that movement began in the ranks of the medical profession by men who held college degrees. The protest was launched by educated men, graduates of allopathic medical colleges, and not by illiterate persons. It was started by men who practiced medicine in the regulation way, but saw the glaring inconsistency of their treatment and began to search for a milder, pleasanter, safer and more reliable means of cure. In looking around and observing, they soon saw that the materia medica of the "botanic" was much superior to their own, and furnished a better means of cure, being much safer and vastly more successful. Taking this as a basis, they enlarged upon it from year to year, until now we have unlimited and powerful means at our command. They not only did this, but the mineral kingdom has been just as intelligently studied to develop the good that is in it. It is a fact, however, not to be forgotten, that our most valuable plant drugs have been discovered and their medicinal properties determined by the Eclectic school.

In the use of the more powerful and potent drugs the Eclectic school feels its way carefully, looking always to the safety and welfare of the patient. In the use of those drugs which tend to induce a craving in the patient for their continued use, the Eclectic is extremely guarded, never prolonging their administration sufficiently to create an insatiable desire for their continuance.

The question is often asked, "What is the difference, then, between the old (self-styled regular) school and the Eclectic school of the present day?" Let us explain. The dominant idea underlying the regular practice to-day is, that experimentation in the laboratory upon healthy animals must prove the curative power of the means used in cure. It virtually ignores bedside observation of the action of remedies upon unhealthy or diseased conditions. It practically ignores the vegetable remedies, the most potent of all. It confines itself largely to mineral drugs and animal serums, the latter being lymph-products taken from the blood of an animal previously poisoned by injecting disease-elements into the body of the animal while in health. By such methods it predicates the remedial action of drugs or disease-elements used. The Eclectic asserts that no remedial action of drugs can be established by observing their poisonous effects upon healthy animals, but by their effects in small, medicinal, non-poisonous doses when applied to disease conditions in the sick. The Eclectic contends that the poisonous action of a drug as shown upon a healthy animal bears absolutely no relation to its therapeutic action upon the sick when taken in non-poisonous, curative doses for their direct effect upon disease-conditions in the human subject. The Eclectic studies medicine in the only rational way, which is by observing the effect of a drug upon the sick patient when administered for a specific purpose. The old school to-day virtually admits that drug action is uncertain as it knows it, and in the main is useless, as witness the writings and teachings of the most prominent men in that school. Witness also that in the last few years surgery has run riot, and thousands of persons are mutilated without cause, simply as a result of a lack of knowledge of the curative power of drugs on the part of the old school physicians. The Eclectic is firmly grounded in his knowledge of the curative properties of the medicines he uses, and he as firmly refuses to yield to the doubts cast upon them by those who ought to know but do not. As a proof of what I assert the investigator is referred to the mortuary records of any of our cities where a comparison may be easily made. The best evidence of a successful practice of medicine is the relative proportion of fatalities of the two schools.

As a final example it is asserted by old school authorities that there is *no remedy* for the disease known as pneumonia, and as a result of such teaching nearly one-half (40 to 50 per cent.) of those who have the disease die. The Eclectic opposes this with the assurance that the specific pathological conditions which are present in pneumonia can be overcome by drugs given for their direct effect upon said conditions, and that a comprehensive treatment will lower the death-rate to less than 10 per cent. There is not an Eclectic physician in the United States who will not tell you that he would consider himself criminally guilty if he permitted 10 per cent. of his cases of pneumonia to die, and he speaks in truth and not boastingly and can prove it by his mortuary record. There must be, then, a cause for this vast difference, and that cause lies in the great difference in the manner and method of treatment followed by the two schools.

DEMENTIA PRECOX.

THEODORE DAVIS ADLERMAN, A.B., M.D., BROOKLYN, N. Y.

The writer's task in presenting this paper to you is a very difficult one, as in the entire field of psychiatry there is no more complicated, less comprehensible, less understood, no more mysterious, no more interesting, no more baffling defect of psychosis than dementia precox, and had it been in my power I certainly would have changed this name, as dementia precox, or precocious dementia, does not fully cover this great subject under which are classified certain types of youthful psychic defects. However, as it is perhaps right, as Galen said, that the name itself of any disease is not so very important, we will not discuss this particular part of it.

It is not my intention here to devote very much space to the history of dementia precox, but a slight review of the early development of it will, I think, prove of some interest to all.

Very little can be found in the early writings of Hippocrates and Asclepiades (whom we can rightly consider as the first author in psychiatry), that could be directly considered in any way as descriptions of dementia precox, thought it is no more than possible that when Hippocrates, speaking of certain peculiar deteriorations, might have unknowingly been describing some types of dementia precox.

In English literature we first find Willis, the English anatomist, who, in speaking of types that he named as stupidious idiocy imbecility, was dealing with cases which we now classify as dementia precox. The more recent history of dementia precox concerns itself chiefly with the works of Kahlbaum, Kraepelin and Haeckel. Kraepelin's description of dementia precox constitutes him the great psychiatrist even of recent times. He pointed out and described features which are common to such a great number of the so-called terminal dements, and the great bold picture that he drew allows more than a correct estimation of a very large number of cases which formerly were doubtful or uncertain with regards to classification as well as outcome.

Now, gentlemen, what do we understand or mean by dementia precox? If we will bear in mind that the relation of this disease to puberty cannot be denied, we are very much tempted to use the characteristic phrase of the French writers when speaking of dementia precox and that is, "stranded on the rocks of puberty;" and if you will therefore consider it as a defect psychosis beginning in early life, during puberty, or young manhood and womanhood, and if you will add that it is characterized by a progressive deterioration in intelligence, and by a more or less marked enfeeblement of mind as well as by an ever-increasing apathy and peculiar stupidity, by catalepsy, negativism, mutism, grimaces, impulsive actions, as well as delusions of a depressed or grandiose nature, as well as distinst hallucinations. we will arrive at a definition that I think will cover the subject. At the same time we must, of course, all agree that puberty and adolescence are the most trying and dangerous periods in the evolution of the higher cerebral

association fibers, and that rapid growth of the body proceeds with maturity of the sexual system. It will thus seem that the entering of sex and reproductive power and energy from the potential into the actual state at puberty brings a distinct liability or susceptibility to diseases of mind and body entirely unknown before. So important are these changes at puberty in the physiological epoch in the life of a boy or girl that we are surprised that we do not find insanity even more common at this time. There seems to be a certain safeguard here, in that the insanity of puberty is always a very strongly hereditary insanity, and only very few cases will occur where there is not a family tendency either towards mental defect or towards some other neuroses.

Both Ziehen and Kraepelin make the claim that 80 per cent. of all dementia precox cases show some sort of a family history, and physical stigmata of degeneration are sure to be found in just as many cases. Some few years ago Krauss, working in the Heidelberg clinics, found as high as 93 per cent. of hereditary taint in dementia precox in the very immediate ancestry, both paternal and maternal. There can also be no question whatever that alcohol, the above-mentioned hereditary taint, and an abnormal personality or crankiness play an important rôle in the production of this disease.

I presume that it will not really matter very much if I do not say a great deal about the pathology of dementia precox. Neither do I think that I could do better than to quote the combined opinions of Kraepelin, Ziehen and Hecker, that in dementia precox we have to deal with an actual chemical injury to the cortical cells, causing either their deterioration or destruction, and that the psychoses are best explained by auto-intoxication arising from processes going on in the sexual organs.

The many distinct and peculiar types and forms that arise in this dementia are so numerous that to describe them all would require more time and labor than I can give to it, and more than you would probably care to listen to. I will therefore take up the three great types of dementia precox:

1. The hebephrenic type.
2. The catatonic type.
3. The paranoid type.

All other forms that you may meet with either belong to or run into one or the other of the three above-mentioned divisions, or constitute one of the numerous sub-branches, or secondary forms, so to speak.

In taking up the symptomatology I cannot help but mention the so-called signs, discovered by Smith Ely Jelliffe, and which he calls signs of predementia precox. By taking heed of little things, it is quite possible to conserve, in some degree, an individual who otherwise would pass to complete destruction, and in order to do so more and very careful attention must be given by the general practitioner to certain signs appearing at puberty.

The boundless imaginations, the different varied illusions, the self-consciousness, must all be guided into proper channels. Such children are often nervous, showing disturbances in sleep, night terrors, accompanied by cries

and apparent hallucinatory influences. If to these things are added strong sexual excitement, excessive reactions to emotional causes, a continual dissatisfaction, imperative ideas and imperative actions, such a child ought to receive your careful attention, as this predementia stage is certainly one of importance.

There is no doubt that many diagnoses of dementia are decided and made on the ground of a rule of thumb principle. This danger ought to be, and can be, obviated by taking a definite view of what diagnosis in mental disease really means. As a rule, a diagnosis usually does justice only to one part of the facts. In psychiatry a one-word diagnosis will always fall short of presenting the actual facts in the case. We must, of course, first remember that the conception of dementia precox is a designation of a prospective deterioration. Hallucinations or illusions are very common, especially in the acute and subacute conditions. Consciousness is clear throughout in many cases, and the simple perception of external impressions is a little impaired, but the faculty of attention is regularly subjected to serious disturbances. The most prominent symptom is the failure of interest. Though the patient perceives what takes place around him, he contemplates all with the greatest indifference. There seems to be a marked strong retardation in the flow of thought, so that ideas are associated with difficulty, and often so united that no connecting link can be established in any way whatever.

While delusions of depressed character, melancholy and hypochondriacal ideas are present in the early stage, grandiose ideas will develop later in conjunction with the depressed ideas, or will often replace them, and here we must, of course, be very careful and not mistake it for paralytic dementia. The failure of interest is very peculiar. The patient feels neither joy nor sadness; he is quite indifferent to relatives or friends; to pleasure, pain, fears or desires; to daily discomforts; insensitive to injuries, and only the presence of food seems to arouse interest in him. Impulsive actions, silly and senseless; automatic impulses which are reiterated over and over again. The patient either repeats the same words over and over, or moves the hands to and fro, or assumes attitudes for hours and hours. Negativism is here a very singular symptom. The will always seems to be blocked and overcome by a counter incentive.

Among the physical disorders of dementia precox met with are attacks of syncope; epileptiform, apoplectiform, localized spasms; choreiform movements, exaggerated reflexes; increased salivary secretions, vasomotor disorders, diffuse enlargement of the thyroid gland, emaciation in the acute and subacute stages, and a rapid increase in weight in the later stages.

Among the three great divisions of dementia precox, the catatonic form is the most interesting to me, and is distinguished by a peculiar condition of stupor and excitement, with symptoms of negativism, and a termination in a peculiar kind of dementia.

When you analyze the paranoid type of dementia precox you must subdivide it into two divisions; one in which the persecutory and grandiose

ideas and moderate excitement predominate, and the second group in which fantastic delusions, hallucinations and illusions come up strongly and terminate in general confusion. The hebephrenic form is manifested chiefly by simple enfeeblement of the mind, and comes up as either an acute or subacute psychosis, and here I am obliged to mention a few prominent features of this dementia. In most of its forms attention is always deeply affected, owing to a lack of spontaneous interest, a lack of desire to understand. There is also a great inadequacy of control and obstruction to the will; a wiping out of every impulse by a stronger one in an opposite direction; and here we will have the impulses of motion and attitude, which are especially characteristic and prominent in catatonic.

Every alienist meets a number of cases in which the prognosis is unfavorable from the beginning, and dementia precox belongs to those cases. Most cases end in permanent dementia, especially those stamped with Kraepelin's deterioration process; and while you may secure remissions similar to those obtained in paralytic dementia; and while some patients will seem to have recovered, in a few months or years you will have a return of the disease.

I regret very much that I cannot give you much about the treatment of this form of insanity, and that nothing can be done specifically for it. It is possible to arrest the disorder in the early stages by paying strict attention to nutrition, and by suggestion. Isolation from the immediate friends and relatives is necessary in nearly every case, whether in his or her own home or in a sanitarium. If you do send your patient to a sanitarium, do not let it be merely a boarding house for the insane (and that is what most sanitariums are). Out-door life and exercise are important. It is good to send your case into the open air and keep your patient in motion at some simple exercise, as this develops the power of observation and attention. It is indeed remarkable how much nourishment a patient can take without disturbance of digestion, and overfeeding here is quite as important, and the benefit of this increased diet is apparent quite early.

So far as drugs are concerned, you must build your patient up by tonics, such as iron, quinine, manganese, arsenic, phosphorus, gentian, nux vomica and belladonna. Belladonna here is a very important drug. It will often, if it does not abort certain forms of dementia precox, help to secure remissions. I combine it with œnanthe with good results. I have seen no benefit from electricity in this form of insanity, but baths, either hot or moderate, according as a tonic or sedative effect may be desired, are beneficial. The calmative effect of a hot bath is remarkable, but the bath must not be prolonged, as it will otherwise produce a depressing influence. Other measures used in other forms of insanity can be applied here.

References.—Jelliffe, S. E., in American Journa lof Medical Sciences. Kohlbaum, Gruppirung des psychischen Krankheiten. A. Mayer, in *American Journal of Insanity;* Neuroses of Puberty and Adolescence. Jelliffe, Psychiatry of Augustan Era.

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MORAL ILLNESS FROM THE SURGEON'S STANDPOINT.

ELIZABETH HAMILTON MUNCIE, M.D., BROOKLYN, N. Y.

More extensive than Rome herself are her catacombs. Great and beautiful, she may be likened to a vast mausoleum, under which the bodies of innumerable multitudes are given over to death and to destruction—a fitting symbol, truly, of our modern civilization, fair to look upon, dotted with churches, filled with the sound of hymn and prayer, yet underneath a death and decay more terrible than that through which the material body is dissolved after the spirit has ascended to its God.

Sex is the great foundation fact of the social order, and from it emanate both the best and worst of human characteristics. Through wise conformity to sane and healthy sexual laws is reached the happy ideal of human attainment, and from the transgression and perversion of those laws result deep-seated evils and much suffering.

Our honored Ex-President Roosevelt has said that "the greatness of a nation lies not in its army, its money, its possessions; but in its homes; for within its homes and by its mothers are the men of a nation made." To this we cry assent. Upon the virtue of the family depends the virtue and integrity of the community, the State and the nation; whereas destruction and ruin to the home and to the nation follow close upon the trail of sensuality.

America, with her licensed prostitution, her "white slave trade," and her yearly increasing "black plague," must soon act, or she must fall as did Sodom and Gomorrah. The Encyclopedia Britannica says, in reference to the white slave traffic, "Though it may coexist with national vigor, its extravagant development is one of the signs of a rotton and decaying civilization, a phase which has always marked the decadence of great nations."

In ancient Babylon the dishonoring of girlhood became a part of temple worship and service, as it is to this day in many temples of India. Throughout the historic period sexual crimes have been so revolting that their details cannot be published. Crimes against the sexual nature are as old as sin. Ignorance of them leads one to believe that they do not exist, or that they are quite infrequent. A "carnal security" this, indeed. To-day the American Society for Sanitary and Moral Prophylaxis, headed by many of the strongest physicians and lawyers of the country, and composed of men and women of science and position, is doing much not only to bring about reform, but also to teach true conceptions of the sex principle.

Through our secular magazines and papers this question in one or another of its many phases is being discussed, and nearly every medical society and journal has presented articles bearing on the subject. The physician also coming to feel that he must no longer protect the venereally diseased man, thus not only condoning sexual promiscuity, but also becoming an unwilling accomplice to the crime of contaminating the innocent with those diseases of the guilty, with which smallpox, for virulence and danger to the community, cannot be compared.

Recent statistics, with which many of you are familiar, show that in Europe 75 per cent. of adult males have had gonorrhea, 12.5 per cent. of adult males have had syphilis, and that in the United States 75 per cent. of adult males have had gonorrhea, which is said to be the most prevalent contagious disease next to measles. In this country 800,000 males reach maturity annually, and of this number 500,000 become infected with this horrible disease. Morrow states that in 1906, 20 per cent. of those who become infected were less than twenty-one years of age, 60 per cent. were not yet twenty-five, and 80 per cent. were not yet thirty. The most reliable observers calculate that in the United States 80,000,000 have gonorrhea or its sequelæ.

It is also estimated that 80 per cent. of the pelvic surgery upon women is due to gonorrheal infection; that 70 to 90 per cent. of our male population have been infected with one of these dastardly diseases; that 10,000 girls from 10,000 homes are each year sacrificed to prostitution; that millions of the nation's money is required yearly for the care of the venereally infected in free hospitals and insane asylums. Is it not time to call a halt, and for physicians and educators everywhere to look into this matter to the last analysis, and to seek a remedy?

Humanity is suffering because in regard to sex matters, directly or indirectly, they have been unjustly dealt with, wrongfully educated, or not educated at all. In proportion as good men and women everywhere open their eyes to normal sex facts, in that proportion will the history of sexual secresy and license near its close.

However, it may be that the day is not far distant when there will be free, frank and honest teaching everywhere, enabling young men and women to understand their physical as well as their mental selves. In that day parenthood will have become a science, and the whole story of sex life, with its wonders, beauties and joys, will be as simple in its understanding as reading and arithmetic. Many changes will then take place in our social laws and customs, and, among other things, it will be considered a shame to bring weakly, sickly children into the world, or to allow them to grow up in ignorance of the facts that every world-child must meet.

PUBESCENCE.

It should be the great aim of parents and teachers to fit the child for useful and honorable maturity. But first those parents and teachers must themselves be freed from the influences of false sex teaching, that they may get a new perspective, a broader view of this all-pervading sex principle. They should be shown that from this very principle have been created all the wonderful works of civilization; and one may almost say that there will be no limit to human achievement when genius is once freed from the embarrassments of disordered and misdirected *creative force*. Having then the right ideas as to the sex nature, parents must understand the emotional changes that come to the boy and girl at that period of the second physical birth called puberty—the great influx of new sensations, the increase of brain activity and the consequent awakening of new thoughts. It is at this

time that the hitherto careless, thoughtless, irresponsible child is becoming a man or a women, who feels, thinks, and deduces as never before. New hopes and dreams are born, new ideas and new ideals; sometimes, perhaps, also tempestuous passions. Now social, ethical and religious impulses begin to manifest themselves; childish simplicity probably changes to altruism; and often political, social or religious zeal will predominate. As one of our best writers states: "The boy finds himself launched, at adolescence, into a sea of storm and stress." A noted German scientist says that "In highly endowed natures, this yearning and struggling grows beyond the limits of individual personality, and extends to plans of reform for the world; contrariwise, in a nature low and brutal in its impulses, this tempest of emotions is apt to gravitate toward foul aims and debauchery." In the case of the former, these great plans and lofty ideals, these tremendous altruistic impulses, may be so guided by sympathetic parents and instructors, that no one can estimate the good that may be brought from the adolescent state of mind.

This increase of physical energy must be planned for, and if properly appreciated and the youth is set to some kind of work, well and good; but when the child, unguided and alone, becomes conscious of this new force, perversion may express itself in most unfortunate activities. Sometimes it will be manifest in egotism, in capriciousness, or hysterics, sometimes in devotion to morbid poetry or lurid tales of adventure; or, it may be, in entire self-renunciation, even to self-destruction. There is great need for carefulness during this early adolescence, and the child needs to be understood and to receive judicious consideration from parents and teachers. No greater mistake can be made than to laugh at his castle-building, for it will only rob the parents of his companionship and send him elsewhere to receive appreciation; when, through tactful guidance of his imagination, they could have helped him to understand the great talents that are implanted at puberty in every human heart, and to grow self-reliant and strong, to lead others in the path of right.

In very truth, parents need the wisdom born of God, and the love and compassion of Christ, that they may be ever thoughtful and may fully comprehend the awakened emotions that sometimes drive our boys and girls like leaves before the wind. Dr. Stanley Hall expresses this condition of things well in the words: "Old landmarks are rushing by, he is losing hold on all that he once cared for and for which he now finds he cares so little. He now needs, above all else, a father; for the first time his mother learns that she cannot be all to her boy. Father has lived through it all; father knows from experience; hence, is able to counsel through personal knowledge, and, if he will, he may save the child for God and for himself."

At the pubescent period mental balance is often lost, and children often brood over some imaginary ill, or become restless and defiant, even to criminality. These children need a physician—perhaps even a surgeon. Often circumcision is necessary, and will result in a total abatement of the distressing conditions. This emotional state may be called a metastasis from the physio-sexual to the emotional sphere. A boy of twelve years, for instance,

developed, with great rapidity, a faculty for lying. A wise physician discovered that he required circumcision. The operation was performed and the boy became, and is to this day, remarkable for honesty. A little girl had become thieving, untruthful, disagreeable and sadly deficient morally. She seemed to be beyond hope, for reasoning and punishment were of no avail, and she began boldly to practice pernicious habits. A surgical operation for an adherent prepuce resulted in restoring the child to sweetness, honesty and purity, and she is now a refined, lovely young woman.

Many similar cases could be cited, but these are sufficient to prove the need for sympathy and investigation, rather than the usual censure that falls upon the "bad boy" and "bad girl."

Those not having a right physical start are of two classes. Some of them have inherited tendencies to certain moral weaknesses and physical diseases, and others have conditions calling for slight surgical treatment, which are born with them or have come into existence through errors of one kind or another. A tightened foreskin, rectal papillæ, a prolapsed or inflamed sigmoid flexure, which is prone to telescope into itself or to become distended with retained feces, will result in physical and sexual weakness. Each of these conditions is quite common and will keep up a continual excitation of the sexual sense. Any of these irregularities, especially the first named, may so call the attention of the boy, or even the man, to the physical, that, whatever be his ideals, he will fall a prey, not only to too frequent involuntary losses—perhaps at every evacuation of the bowels or bladder—but he is also further likely to make matters worse by voluntary action that will do him further physical and moral injury. Such a case has recently come under the writer's observation. At puberty, his face began to be blotchy, his appetite to be capricious, his bowels constipated, emissions became very frequent and sexual excitement almost constant. He answered quack advertisements, as boys are apt to do, and spent much money on them; only to be disappointed, discouraged and fearful that his reason would fail, because of the drain upon his system. His father now insisted, as he observed his boy's pale face and loss of flesh, and especially as he had a slight morning cough, that he consult the doctor. Unfortunately for him, as for other boys, the doctor, after questioning as to his sexual habits and symptoms, made the astounding statement that there was but one way to reach health, namely: to seek illicit sexual relations. This was abhorrent to the boy, but, nevertheless, he did as he was told, with the usual unsatisfactory result of following such advice. He was next said to be in the first stages of tuberculosis, and ordered to a different climate. Through the earnest solicitation of a friend—a young man who had found wholesome professional advice and treatment at the hands of a moral and normal physician—he was persuaded to likewise seek a consultation. This physician set his mind at ease concerning his involuntary emissions, assuring him that these losses were due to pressure and nerve irritation that could be relieved and cured. He was circumcised, his intestinal condition was corrected by bowel flushing, his prolapsed intestine was kept clean and raised to its normal position. Relief

to his congested organs followed; and, in turn, to the entire system. With electrical treatment and other general measures, followed according to instructions, the young man made steady progress toward health, in spite of climate. In six years he had developed a fine physique and achieved great success in business; he had found a wife and a nice home of his own; and, as he said to the doctor, "Among other blessings you made possible to me is a fine robust boy, two years of age. I wish you could see him."

To return to the emotional phase of adolescence, we find defiance of control, the throwing off of all restraint, rebellion against existing conditions, the fever for adventure, the longing to get out "into the open." Possibly it is the "call of the wild," but no parents can afford to ignore these conditions. Woe to the father or mother who dares to rule with a rod of iron during this critical time. Unwisdom soon might form a barrier between them that would grow greater day by day, till at last adamantine walls shut out forever all confidence, if not also all love, between them, and the boy's one thought is to escape from what he terms their "tyranny." At no time in a boy's life does he so much need one in whom he can confide, and blessed is the father who draws his son close to his heart in this hour of trial and temptation, becoming his friend rather than his master. "It is at this period," says one writer, "that ancestral qualities, good or bad, come to the surface. I have watched the development of a boy, who, all through childhood, was morbidly conscientious, passive, shrinking; but when puberty arrived, his whole nature changed, and he became the most inveterate of liars. I have met no one to equal him. Timidity and self-consciousness were thrown aside; he stole, he forged, and continually sank deeper and deeper into vice. This boy was the offspring of depraved parents, and, at the age of eighteen, when I saw him last, he had sunk to the lowest depths that his father had ever known." I believe, however, that could this same boy have been placed under proper surgical treatment, and wisely instructed, he need not have fallen to this depth. We shall some day learn that we need more hospitals and fewer jails, almshouses and insane asylums. The writer's experience as a surgeon has proved to her satisfaction that very many cases of unnatural sexual activity can be cured by means of surgical operations performed on the lower orifices of the body, her observations, covering a period of nineteen years, have caused her to fully agree with Dr. Edwin Hartley Pratt when he says: "The slavery of the morbid sexual appetites can thus be ended, and sympathetic nervous forces wonderfully conserved. Aside from the local relief which such patients experience under the magical touch of orificial surgery, I have witnessed most marvelous transformations in other human characteristics and tendencies. I have seen the insane made rational; I have seen the irritable made amiable, the discouraged made hopeful, the tearful made cheerful and the lustful made virtuous. As a bird let loose spreads its pinions and soars skyward, so does a caged spirit, when freed from the unholy suggestions and associations of morbid physical conditions, demonstrate its aspiring tendencies. A knowledge of these things only makes one charitable for the weaknesses and ec-

centricities of the human kind, and so breeds a hope that punishments may give place to cures, and that before man sits in judgment upon his fellow-man a physical examination may be instituted to determine whether the offending member of society on trial may not be an invalid instead of a criminal."

Happy is the child who has the benefit of good inheritance and of a normal body; and most unhappy he who, in view of the great dangers that surround him, inherits only evil. If he inherit good, then he shall have an anchor to hold him amid the storms that beat around him when his boat is launched upon the treacherous sea of life, and to keep from destruction on the rocks of immorality, of crime, or of insanity. The boy should be taught not to be frightened at nature's harmless method in the occurrence of involuntary emissions, and his mind set at rest upon this score by being made to realize that if he be pure in thought there need be no sense of anxiety or shame. If the boy be not informed of these matters, he is cruelly left to glean his information as to sex functions from the perverting advice of thoughtless companions and lewd men, and it may be, also from illicit practices.

Our children must also be taught that their bodies are temples, which should be consecrated wholly to the service of the highest, and kept pure and undefiled. Nay, more, we must realize that our bodily functions are divine, and must neither be prostrated through selfishness or impurity, nor regarded as in any way unworthy of divine blessing and guidance in their use; and, following this thought to its application to the relations that exist between the parent and the child, we must so train our children that they will share our thoughts upon this matter, and so be saved from contaminating influences. To again quote from Dr. Stanley Hall, who is the authority on adolescence: "What, then, is the conclusion of the whole matter? First, that the child shall consider, honestly and healthfully, through proper teaching, the mystery and wonder of his adolescence. He should have in his own father, mother or teacher, a true friend to whom he can go with confidence, and who will, in turn, direct and guide him, explain to him, and arouse him to a high sense of the greatness of this physiological and psychological hour of his life."

The great influx of activity in the child's life must be recognized, appreciated and provided for. The boy must be kept busy—busy in mind and body—and the new activity made intelligent to him, so that he will become a reasonable thinker, laying a mental and physical foundation adapted to the needs of this period of his life. The rousing of ideals at this time is good; but we must not forget that, for the adolescent child, the ideal emotion must be wholesome and pure, and must also be expressed in ideal action. *See that he becomes that which he believes in and idealizes.* So, prayerfully and in love, turn your child's new energies into channels of creative work and let physical awakening find its outlet through brain and hand production. The untaught boy who becomes licentious is to be pitied, not blamed; the blame lies at the door of parents and instructors who have neglected their

duty, and our daughters and their children must reap the penalty, along with him, of his debauches. Had he been physically normal and previously instructed by judicious and right-minded parents he would have had a high ideal of his sex life. He would have known that true manhood depends upon self-control, and that strong, vigorous men conserve their sexual forces. The vile stories too often told to youth, and the still viler advice, through unspoken negation, would not reach them; or, reaching them, would find no lodgment in their minds, and they would pass their pubescent period pure and strong, to await the real joys and satisfactions that are in store for every pure man to whom shall come happy union with a true, well-chosen wife.

DISCUSSION.

Dr. Davis: We have a good deal before us to think about. In reference to girls and boys knowing too much of their sexual apparatus, their own curiosity, their own impulses are going to cause them to inquire into these matters. They are going to find out. How? Is Tom, Dick and Harry going to tell them, or shall they get proper instruction from father and mother?

Dr. Heeve: As long as you allow the law of the State and land to remain idle you cannot stop the house of prostitution. We would like to close up these places, but we cannot do it. The boy is usually more posted on the subject of sex than the girl.

Dr. Fyfe: This subject has been talked over for thousands of years and for thousands of years it will continue. When you quarantine the syphilitic and the gonorrheal man then you control venereal disease. Teach the boy. Tell him about himself.

Dr. Vitou: This is a subject in which I am much interested. Some of the discussions are directly opposite in opinion. In my opinion, there is but one way in which you can aid in eliminating gonorrhea and that is by education. The curiosity of the small boy and the small girl must be satisfied.

Dr. Mulholland: We have talked on this subject for many years and accomplished nothing. We have seen poor women dragged out and whisky is the reason for it. To-day, money is the cause of prostitution. The woman would not be a prostitute if it wasn't for money. In many homes the necessities of life could not be otherwise had. We would better get down to business and see if we can do anything in that line. Drink is ruining our young men and our young women.

Dr. Pratt: I agree with Dr. Muncie in everything except her idea that the men are mainly responsible. It is my experience that the responsibility lies chiefly in the class of women who are too lazy to work. The cases I have treated have come from women who do not live in houses of prostitution. Another point, which I believe is generally conceded, is that before puberty it is the female that seduces; after puberty, it is the boy who seduces the girl.

Dr. Watkins: I quite agree with the other doctors, that this is a very interesting paper. It has been well said "The greatest thing in the world is love," and I would add that the next greatest power in the world is the sexual instinct.

Glycerine dressings covered by rubber tissue are frequently more useful than the ordinary wet dressings in reducing inflammatory swelling and in relieving pain.—*American Journal of Surgery.*

Periscope.

Bulletin No. IV!

It is indeed gratifying to read the following in an Eastern journal:

Bulletin No. IV of the Carnegie Foundation for Teaching is a bulky octavo volume of some 350 pages. The author is evidently of the opinion that it is the last word on the subject of medical education, and writes in a style of insolent suelf-sufficiency. Each chapter and page of the book should bear the legend, "When I ope my mouth let no dog bark." Modesty has not been included in the category of his virtues. The positiveness of his conclusions would be becoming in a decision of the Supreme Court of the United States, but are hardly justified either by the eminence or the authority of the writer, unless, indeed, authority is to flow from an unlimited access to the pocketbook of a multimillionaire.

There are many poorly equipped schools of medicine in the United States. Every educated and intelligent practitioner was aware of this fact before the author of Bulletin No. IV made this surprising discovery. Few medical schools, even those affiliated with real universities, are perfect, unless we except that of Johns Hopkins. Even in Baltimore it seems strange to look over the list of the faculty and perceive that some of its most brilliant names are those of graduates of so-called independent schools of medicine stigmatized in the report. Welch and Halsted are both graduates of the College of Physicians and Surgeons, New York, which at the time of their graduation had nothing but a nominal connection with Columbia. The professor of obstetrics is a graduate of the medical department of the University of Maryland, thus characterized in the report: "Essentially an independent institution with a university character, though nominally the medical department of St. John's College." Shocking to relate, "dividends are also paid to the faculty." The brilliant professor of diseases of the genito-urinary system is a graduate of the medical department of the University of Virginia. "Until three years ago the department was a didactic school," wails the critic.

It thus appears that some of the most eminent of the brilliant faculty of the institution which the editor of the Bulletin considers a model are products of a system which is declared to be a thing of the past.—*Clinical Reporter.*

Antitetanic Sernm.

Van Havre (*Journal de Chir. et Ann. de la Soc. belge de Chirurgie,* No. 1, 1910) publishes a case of acute traumatic tetanus which ended in death in spite of a preventive subcutaneous injection of 20 c.c. of antitetanic serum, made three hours after the receipt of the injury. After the first appearance of the attack of tetanus, the patient was treated by three further injections of serum.

After an elaborate criticism of the treatment applied in this case, and a review of the present knowledge of the action of tetanic toxins and antitoxins, the author concludes that the antitetanic serum, though a wonderful preventive agent when injected into the horse, *has but a doubtful value and may also prove dangerous in man.* The injection of this serum is more likely, he suggests, to do harm than good, when practiced as a supposed safeguard against tetanus. A full trial of both subcutaneous and intraspinal injections of the serum in cases of declared tetanus in man have, it is held, proven that it is of no value. In the present state of our knowledge of tetanic infection and its treatment by injection of serum, the term "curative serotherapy" ought, in the author's opinion, to be rejected. He adds that chloral and inhalations of chloroform have a real palliative value by the relief afforded to the suffering of the patient. The author proposes to test by laboratory research the value of other methods of dealing with acute tetanus that have recently been suggested, the most promising of these being the intravenous injections of antitetanic serum and of collargol, intraspinal injection of sulphate of magnesia, and intracerebral and intracarotid injections of serum.—*British Medical Journal,* April 2, 1910.

A New National Hymn.

My country, 'tis of thee,
Land where things used to be
So cheap, we sing.
Land where folks once could buy
Things that are now so high,
To thee, with many a sigh
Our memories cling.

Some of thy children swear
That what they eat and wear,
Takes all their wad.
Others avow that they
Eat only once a day,
And for it they cannot pay,
So help them God.

Thy people humbly crave
To pull from out the grave
At least one leg.
We do not ask to dine
On flesh of beef or swine,
But give us, land divine,
One good, fresh egg.

Our father's land, with thee,
Blest homes of liberty,
We choose to stop.
We don't exactly like
So soon to henceward hike,
But we must hit the pike,
If things don't drop.

—*Ohio-Pen. News.*

Compelled to Issue License.

Certain alleged healers who were refused licenses to practice medicine in Washington by the State board, applied for a writ of mandamus from the circuit court compelling the board to issue the licenses. Judge Holcomb, of

Adams County, sat in Seattle to hear the arguments introduced on behalf of the twenty-nine healers who applied for the mandamus. The Judge decided that the State Board must issue the licenses. It is stated after the decision of the Judge that: "The last pronunciamento of the legislature on the subject of the healing art requires the State Medical Board to issue licenses, without examination, to those who file diplomas showing graduation from reputable colleges covering the particular branch to be practiced, or evidence must be adduced that the applicant has practiced two years continuously in one place, prior to the date of the application. If an applicant claims ability to heal by the use of the system of soaking the head in a large bucket of ice-water three times a day, and can show that the police have allowed him to do this for two whole years, or if he can show a diploma of graduation from a college teaching the ice-water treatment, then the State Board is required to allow him to continue to practice the treatment."—*Medical Sentinel,* May, 1910.

PAMPHLETS AND BOOKS RECEIVED.

Concerning the American Materia Medica, by John Uri Lloyd, Phar.M., reprinted from the *American Journal of Pharmacy,* January-February, 1910.

Proceedings of the National Confederation of State Medical Examining and Licensing Boards, Nineteenth Annual Convention, Atlantic City, N. J., June 7, 1909.

Echinacea in the Treatment of the Bites of Venomous Serpents, Reptiles and Insects, edited by J. S. Niederkorn, M.D.

The Forcible Correction of Talipes Equino-Varus, by A. M. Steinfield, M.D., Columbus, O.

Several Bulletins of the Southwest Society of the Archæological Institute of America, from Dr. A. J. Munk.

Bulletin No. 4 of the Carnegie Foundation for the Advancement of Teaching. This number treats of medical education in the United States and Canada.

Bulletins of the Lloyd Library, reproduction series.

In Austria the law justifies the breaking of an engagement of marriage by either party if the other is found to suffer from active tuberculosis. If, however, tuberculosis becomes manifest or recognized only after the wedding the marriage is valid. On the principle that damages can be claimed from the party responsible for the loss, landlords are entitled to have a flat from which a tuberculous patient has moved disinfected at the expense of the patient. Public spitting may be, and has been, prohibited, and a fine, sometimes very high, may be imposed if the law is transgressed.

Passing a catheter often cures post-operative abdominal pain not relieved by other means.—*American Journal of Surgery.*

The National Eclectic Medical Association

QUARTERLY

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The forty-fourth session of the National Association has passed into history. The attendance was possibly not as large as it was in Chicago, yet the meeting was successful in every respect. Four hundred and twenty-one were added to our membership. Surely, this is a good record, and amply justifies the expectations and actions of the Committee on Reorganization as to the outcome or wisdom of their plans.

The Entertainment Committee provided abundant opportunity for enjoyment, and Boston and vicinity being so replete with historical surroundings, provided plenty of opportunity for side trips, which was taken advantage of by many, often to the disadvantage of section work. The city and its surroundings are so interwoven with the early history of our nation—not only with its political history, but educational as well—that one cannot blame those from the West and Middle West of seizing the opportunity to visit these historical landmarks. Let that be as it may, we have now another year to look forward to, and we ought to begin now to make arrangements for the Louisville meeting, so that the meeting may be of value to us, both from the point of more thorough organization and of practical work.

The National again emphasized its position relative to the new plan of organization. It is bearing fruit, and, notwithstanding the conditions we have had to meet within our organization, all our State organizations have affiliated save only Michigan, and we feel confident this State society will soon vote to affiliate, after a more thorough understanding of the plan. It is idle and foolish to talk about coercion. It is only a bait put forth by those who are our enemies and desire to see us fail. Heretofore our State societies were simply disjointed links. Under our present plan the desire is to join these links into a chain or unit for more efficient and concerted action, both defensive and offensive. With the apathy and indifference of our own men, coupled with the activity of those without and of those within our ranks who desire to see us wiped out of existence, there is certainly need for organization and for work by those who are loyal. I am not of those

who believe that the mission of our school has been fulfilled, nor that allopathy contains all that there is of value in medicine. In our quarter of a century of experience we have seen many theories advanced by them and then abandoned. It is true our therapy is our richest legacy, yet that is abundant reason alone for our continued existence. I have no sympathy with the idea of wiping out sectarianism in medicine. Wipe out Eclecticism and Homeopathy to-day and other isms will arise to-morrow. There have always been different schools of philosophy, different creeds in theology, differences in political life; so there will be in medicine. We were taught when in school that chemistry was a fixed science, yet we know that chemical theory to-day is far different than it was thirty years ago. The fact is, it is physically impossible that all men should see alike; hence our different views in all matters pertaining to life, and as long as we are law-abiding citizens it is only intolerance, bigotry and selfishness that seeks by legislative enactments to curtail our privileges to think and act. The old adage that "might makes right," and that "the majority should rule," are often dangerous maxims, and especially so to the minority. It is time the minority schools should perfect their national and State organizations for protection against a majority that knows not right, nor has any regard for constitutional or vested rights, relying wholly upon might. M.

The charge is made that Eclectics are "drug-mad." We are willing to accept it if it be true, but it would be well to investigate it to see if it will bear the light of investigation. True or not true, it is better to be drug mad, than serum mad. The one making the charge is not competent as a judge, because he has made his decision before the investigation, and evidences throughout his tirade his narrowness, intolerance and desire not to be informed.

As rebutting evidence to his charge, we will ask any disinterested persons to compare the journals of the several schools of medicine, and note from whence comes the vast number of new drugs foisted upon the profession to-day and forgotten to-morrow. Pick up the *Journal of the American Medical Association* of any issue; survey the list of new and accepted drugs; read "Cerna's Newer Remedies." Who is responsible for the condition of the prescription business, as exposed by the *Ladies' Home Journal?* Read the numerous trade pamphlets received through the mail—Schering & Glatz, Merck & Co., the Farbenfabriken people, and the various packing-houses—and then tell us who is "drug-mad." The charge is frivolous, unwarranted, and absolutely false. However, Eclectic physicians are becoming accustomed to misrepresentation, so much so, I am afraid they are becoming calloused. It is time for us to organize for self-protection. Paid organizers, paid lobbyists, are besieging the legislative halls not only of our nation but every State, to secure class legislation of the most vicious type, yet the people sleep on. Their vested rights, their civic liberty, their social freedom are constantly harassed by legislation that injures no one save the law-abiding citizen, whilst crime runs riot and is unpunished. Legislation is secured for

the rich and powerful, whilst the "dear people" have their privileges constantly narrowed. The rich are becoming richer and the poor poorer. The man who steals a million goes unpunished, through the technicalities of the laws and lawyers, while the poor wretch who steals a loaf for self-preservation serves time. No wonder, then, the people are turning toward Socialism for relief. Even the worm will turn when pressed too hard. The clause in the Declaration of Independence, that "all men are created equal," has become a howling farce. That "they are endowed by their Creator with certain inalienable rights; that among these are life, liberty and the pursuit of happiness," is a will-o'-the-wisp. Constantly are our privileges being abridged. The rich and powerful combinations control our schools, control our markets, tell us what we shall eat and how we shall eat; tell us where we shall send our sons and daughters to school; dictate what shall be taught in our schools; eliminate all semblance of religion from the curriculum, and now presume to say what we shall take to relieve our ills, and whom we shall employ to assist us when sickness invades our home.

The question has often occurred to me, Have the minority no rights? Has vested property no rights which legislature and courts must respect? I am afraid not. "Might makes right." Money is might, hence right, seems the axiom of to-day. We are anxiously looking forward to that day when men will be selected to represent us in our legislative halls that will consider the rights of the masses, and not of the few; when it will not be said that "every man has his price." Hail the glad day of sobriety, honesty and good-fellowship, when the rights and privileges of the most humble citizen will be respected. M.

Since writing the above, our attention was attracted to the article in the *Therapeutic Gazette*, of July 15, entitled, "Twenty Remedies Sufficient." We clip the following in confirmation of our charge as to who is drug-mad:

"In this connection it is interesting to note the curious difference in the attitude of French and German physicians concerning drugs. French chemists and physicians during the last fifteen or twenty years have produced practically very few remedies, and most of these have usually failed to maintain the place which was claimed for them, notably the cacodylates. At the same time the French school of therapeutists seems to be extraordinarily optimistic, and frequently report results obtained from plans of treatment which physicians in this country cannot obtain. This is in face of the fact, asserted by the contributor to the *Boston Medical and Surgical Journal*, that the teaching of therapeutics in the French schools is extraordinarily deficient, with the result that the average young medical man in France begins his practice hopelessly ignorant as to what to give and how to give it. To quote again from this contributor, when we reflect that the ultimate object of medicine is to cure the patient, it becomes a source of wonderment that this condition of therapeutic incredulity should be so firmly inculcated into developing minds by a body of teachers who must know that it will be a millstone around their pupils' necks, which will cost them years of strenuous endeavor to partially get rid of.

"It is also true, as far as we know, that the teaching of therapeutics in most of the German schools is deficient, and it is certainly true that the Ger-

mans manifest less optimism in regard to the therapeutic effects of the older drugs than do their French colleagues. Nevertheless, German chemists and physicians during the last thirty years have presented new drugs or remedies, not by the score, but by the hundreds. It must be confessed that a small proportion of these have become valued remedies all over the world, as, for example, several of the coal-tar products and the various hypnotics which have come into vogue since Liebreich first introduced chloral. An examination of the German journals will reveal that there is an extraodinary degree of optimism in regard to most of these synthetic drugs. The early reports concerning all of them are practically always favorable, and one wonders how much this is due to commercial influences and how much is due to the enthusiasm which is often connected with a novel thing. As a matter of fact, those who read the French and German articles dealing with drugs, and then try them in their own practice, have long since learned that disappointment is not infrequently their lot, but they cannot afford to cast to one side all new Gallic or Teutonic remedies as useless, because now and again one is found which proves most valuable."

M.

The reviewer of Fyfe's "Specific Diagnosis and Specific Medication," in one of our leading weekly medical journals, shoots wide of his mark and makes a false statement when he says: "The doctrines that specifics for disease exist in the vegetable and mineral kingdoms rests on shadowy evidence, and is practically out of date." Fyfe or no other Eclectic writer ever taught that there were specifics for disease, and the review evidences its animus from beginning to ending. In fact, on page 7 of the "Introduction," in the last paragraph, one finds this statement: "It is here stated that the Eclectics *do not* administer specific medicines for specific *diseases,* as they are classified by the generally accepted nosology. They prescribe specific remedies for specific pathological *conditions,* in accordance with the symptoms," etc. The allopathic branch of the profession is the only branch that teaches such a doctrine. Antitoxin for diphtheria, tuberculin for tuberculosis, Flexner's serum for meningitis, Dunbar's serum for hay fever, the Pasteur treatment for hydrophobia, and many others we might mention. Simple, unadulterated honesty should pervade a profession claiming to be educated. The animus shown by the reviewer does not exhibit the true spirit of manhood that ought to be possessed by an educated physician. Continual misrepresentation becomes tiresome, and especially so when founded upon ignorance and a desire not to be correctly informed. It makes no difference to the bulk of physicians if "our investigators have discarded hundreds of plants as quite inert," the profession, irrespective of school, are using them, and using them extensively. If they only bore the stamp, "Made in Germany," they would no doubt be officinal in the minds of the would-be leaders.

M.

California.

The California Eclectic Medical College has closed a very successful term. There were four candidates for graduation and twenty-four students. Two of the graduating classes have passed the State Board of Medical Examiners with a grade of 92.2 and 82.2 per cent. respectively.

The faculty attended a May Day picnic on the first of June at the college botanical garden. An ideal day made the occasion enjoyable.

The California State Eclectic Medical Society met in College Hall, Los Angeles, May 24-26. The meeting was not largely attended, but there was a good interest from beginning to end, and many good papers were read and discussed. The Eclectics in California are prosperous. Wherever they have located their efforts have been rewarded with success, and this is especially true of our Southern California men.

The first day of our meeting we were made to feel sad, as we received the news that our true friend, Dr. Gere, of San Francisco, was sick in the hospital. A resolution of sympathy was ordered sent to him.

On Thursday evening the local society gave a banquet to the members of the State Society at the Nadieu Hotel, which was a very enjoyable affair, the chair being occupied by that most gracious host, Dr. Munk. After the dispatch of usual business, and the election of officers, the society adjourned to meet in San Francisco, in May, 1911.

The fourteenth annual meeting of the Southern California Eclectic Medical Association met at the college building May 19. A pleasant and profitable meeting resulted. The retiring president, Dr. Q. A. R. Holton, and wife entertained the association at the Kerkow Café. The newly-elected officers are: President, A. P. Baird, Los Angeles; vice-president, H. Scott Turner, M.D., Pomona; secretary, W. J. Lawrence, M.D., Los Angeles; treasurer, J. A. Munk, M.D., Los Angeles.

Dr. L. A. Perce, Long Beach, has been seriously sick, but is reported some better.

Lydia Ross, M.D., has removed from Watertown, Mass., to Point Loma.

Dr. Chas. Fruth, formerly of Chicago, is now located at 1126 Hoover St., Los Angeles.

Dr. Geo. D. Coe has changed his address to 1112 Market St., rooms 109 and 110, San Francisco.

J. B. Baker has removed from Berkeley to Lompoc.

Dr. J. A. Munk, the newly-elected president of our National Association, has been elected a member of the board of directors of the Southwest Museum, Los Angeles.

Illinois.

It is reported that a merger has been completed between the Bennett Medical College and the Illinois Medical College, the latter of which recently became the medical department of Loyola University. The new school will retain the name of the Bennett Medical College.

Dr. Charles H. Fruth has removed from 3716 Lake Avenue to 1126 Hoover St., Los Angeles.

The Illinois State Board of Health adopted a ruling, June 21, that it would not consider in good standing any medical college which, after June 30, 1911, offers, during the evening or at night, all or the major portion of the clinical and hospital instruction, or of the didactic work, such as is commonly embraced in the third and fourth years of the medical curriculum.

W. H. Van Doren is located at 6243 St. Lawrence Ave., Chicago.

Secretary Kinnett reports that the Illinois State Eclectic Medical Society meeting, held in Chicago, May 25-27, was one of the best, about 125 physicians being registered. About fifty papers were read and discussed. The following officers were elected for the ensuing year: President, H. S. Lawrence, Shebanse; first vice-president, W. R. Schussler, Orland; second vice-president, H. L. Kampen, Monmouth; secretary, W. E. Kinnett, Peoria; treasurer, J. B. Matthew, Blue Mound; corresponding secretary, M. D. Brown, Dekalb. Next meeting will be held at Springfield.

Connecticut.

The fifty-fifth annual meeting of the Connecticut Eclectic Medical Association was held at the Hotel Garde, May 10, 1910, and members of the association were present from all sections of the State. A number of interesting papers were read, following which the annual election of officers was held, resutled as follows: President, O. L. Messinger, of Bridgeport; vice-president, James S. Hair, of Bridgeport; treasurer, Leroy A. Smith, of Hagganum; corresponding and recording secretary, Thomas M. Hodge, of Torrington. An important action was the selection of the *Journal of Therapeutics and Dietetics* as its official organ. This journal will hereafter be the official organ of all the New England societies.

Idaho.

W. H. Holden, M.D., has removed from Wallow, W. Va., to Coeur d'Alene.

C. H. Scott, M.D., has removed from McConnellsville, O., to Rupert.

Indiana.

In point of work done, enthusiasm, and renewed interest, the meeting of the Indiana Eclectic Medical Association was the best we have had for several years. The opening day was divided between business and reading of papers. The latter were of unusual interest and importance, and the discussions were such as to show lively and timely interest in the subjects under discussion. Wednesday, the second day of the meeting, was full of work. Dr. Shewman made good use of every available moment, and almost all the subjects on the program received due attention. Several strong pleas were made for better organization, a display of greater loyalty, and we are pleased to add that few if any meetings have been as successful, harmonious and instructive. The active workers of the society were aroused, and better organization will undoubtedly result.

Resolutions denouncing the Owen bill and all like legislation were unanimously passed and copies ordered printed and sent to all the Representatives and Senators of the United States Congress.

The President-elect was C. A. Tindall, Shelbyville; Secretary, J. D. McCann, Monticello. Next place of meeting, Shelbyville, 1911.

The Governor of Indiana has reappointed Dr. W. A. Spurgeon, of Muncie, and Dr. M. S. Canfield, of Frankfort, to membership on the State Board of Medical Registration and Examination. Dr. Spurgeon represents the Physio-medical school and Dr. Canfield the Eclectic.

Kansas.

Dr. H. A. Dykes, Lebanon, has been elected secretary of the Kansas Board of Medical Registration and Examination, to succeed Dr. F. B. Hatfield. Dr. Albert S. Ross, Sabetha, the newly appointed member of the board, was elected president.

The Kansas Eclectic Medical Association met in Kansas City, Kansas, June 7 and 8, Dr. Lyman Watkins, of Cincinnati, being a visitor. The annual banquet was held at the Grand Hotel the evening of June 7. A profitable meeting was held and the following officers elected: President, P. L. Jones; secretary, O. C. Baird, Chanute.

Kentucky.

Dr. Julius E. Bach, of Newport, has removed to Bellevue, Ky.

The Kentucky State meeting was held at Louisville on May 20 and 21, and was a success in every respect, although the numbers were not as large as usual. An interesting paper was read by Dr. G. T. Fuller, the Eclectic member of the State Medical Board, on chromium sulphate, which will be published in the next issue of the JOURNAL, at the request of the association. The new officers for next year are: President, R. T. Rudd, Fulton; secretary, Lee Strouse, Covington. The next meeting will be held at Louisville.

Massachusetts.

Marietta McGinnis Jones has removed from Ozone Park, N. Y., to Papes Hill St., Dorchester, Mass.

The Boston University School of Medicine has recently received a donation of $200,000 for the purpose of erecting an Institute of Clinical Research and Preventive Medicine. This institute is under the direction of the Massachusetts Homeopathic Hospital. It will be built upon a lot immediately adjoining the medical school, with which it will be connected by a passageway and also connected with the hospital by a subway. The object of the Institute will be the investigation of clinical medicine as it is allied to methods of laboratory work.

The Massachusetts Eclectic Medical Society held its fiftieth annual meeting at Boston, June 2, at the Hotel Vendome. The meeting was successful in every respect. New members were added, valuable papers presented, and the society voted to affiliate with the National. A pleasing feature of the occasion was the presentation of an engrossed scroll to Dr. C. Edwin Miles, bearing the signatures of the members of the society in the order of their admission. Officers elected were: President, Fred. G. Phillimore, Boston; recording secretary, Pitts Edwin Howes, Boston. The society adjourned until June 28, 1910, to meet with the National.

Michigan.

The thirty-fourth annual meeting of the State Eclectic Medical and Surgical Society was held at Detroit, June 1-2. The majority of essayists were present and presented their papers in person. Lansing was selected as the next place of meeting. The officers elected for the coming year were: President, C. H. Murphy, Perry; first vice-president, H. A. Shafor, Detroit; second vice-president, A. L. Robinson, Allegan; third vice-president, F. B. Crowell, Lawrence; secretary, J. E. G. Waddington, Detroit; treasurer, H. G. Palmer, Detroit.

In the year 1912 the Homeopathic Department of the University of Michigan will require one year university work in addition to the four years of high school. After a reasonable time another year or two years university work will be required.

Missouri.

The Missouri State Eclectic Medical Society held its 1910 session at St. Joseph. The meeting was full of enthusiasm, and thereby contributed toward consolidating the Eclectics of Missouri. As visitor, Prof. E. E. Pratt was present and delivered an address on "Orificial Surgery." The following were elected officers for 1910-1911: President, C. G. McKinley; secretary, E. F. Cook; treasurer, A. W. Davidson. The 1911 meeting will be held at Kansas City.

Nebraska.

The commencement exercises of Lincoln Medical College was held in the University church, Wednesday evening, May 11, a class of thirteen receiving their degrees. Dr. Wm. P. Best, our secretary, delivered the address to the class, taking for his theme, "The Unknown in Human History."

The State Society met on the same day and reports a good attendance. The society took definite action toward a full affiliation with the National. We hope all our State societies will complete their affiliation.

Nevada.

Dr. J. J. Martin has removed from Lovelocks to Reno.

New York.

The fiftieth anniversary of the New York State Eclectic Society occurred May 17, 18 and 19 at New York City. The meeting was held in the parlors of the Eclectic Medical College, the anniversary banquet at the Hotel Plaza. Enthusiasm expresses the feelings of the New York Eclectics better than any one word we can find. The officers elected were: President, Charles W. Brandenburg; secretary, Earl H. King.

At the meeting of the alumni of the college, material additions were made to the endowment fund, and an impetus for additional work given. The newly-elected officers are: President, G. Olsen; secretary, H. C. Hinds.

The forty-third meeting of the Central New York Eclectic Medical Society was held at the Empire Theater in Syracuse, Wednesday, May 4. There

was a good attendance and a good program. The newly-elected officers are: President, E. C. Padgham, Geneva; secretary and treasurer, H. J. Terpenning, Fulton.

The endowment fund of the college has received a third check for $500. May the good work continue.

Geo. W. Boskowitz, M.D., attended the Alumni Association banquet and commencement of the Cincinnati College.

Prof. A. O. Hyde has removed his office to Mead Street, Queens Court, Queens, Long Island.

Ohio.

The Ohio State Eclectic Medical Association met in annual session at Springfield, May 10-12. A diversion from the usual program was a public lecture Wednesday evening by Judge Dickson, of Cincinnati, on "Privileged Communications," and by Dr. B. F. Lyle, of Cincinnati, on "The Prevention of Tuberculosis." The attendance was good. The officers for the coming year are: President, C. W. Russell, Springfield; first vice-president, A. S. Stemler, Good Hope; second vice-president, R. B. Hubbard, Sandusky; recording secretary, W. N. Mundy, Forest; corresponding secretary, J. F. Wuist, Dayton; treasurer, S. M. Sherman, Columbus. The next place of meeting, Put-in-Bay, 1911.

The meeting of the Alumnal Association of the Eclectic Medical College was held at the college, Wednesday, May 4. The principal address was made by Prof. Geo. W. Boskowitz, of New York, who urged the association to raise an endowment fund for the new college. Immediate action was taken, and $1,200 was raised at the meeting, Dr. Boskowitz heading the movement. This action should appeal to every loyal alumnus. Loyalty to one's alma mater is what counts for its ultimate success. In the evening the graduating exercises were held at the Scottish Rite Cathedral, followed by a banquet tendered to the graduating class.

We are happy to report that Dr. W. E. Bloyer has so far recovered from his illness as to be at work again.

The twenty-eighth quarterly meeting of the Northeastern Ohio Eclectic Medical Association was held at the Hollenden Hotel, Cleveland, on June 9. Three interesting papers were read and discussed.

The bi-monthly meeting of the Southwestern Ohio Society was held at Blanchester June 1. The Society was the guest of Dr. and Mrs. Watkins at dinner, and in the afternoon Dr. C. S. Amidon read an interesting paper on Antitoxin. The society will probably hold a basket picnic at Coney Island in August, and the next regular meeting will be held at Mt. Washington, October 5.

The June meeting of the Ohio Central Eclectic Medical Association was addressed by Drs. Ivadell Rogers and U. O. Jones, and the July meeting by Dr. G. L. Williams.

Dr. J. L. McHenry, of Hamilton, has been employed to furnish medical service to the non-resident poor and to the infirmary of Butler County.

The Pulte and Cleveland Homeopathic colleges are to be merged, and

will henceforth be known as the Cleveland-Pulte Homeopathic College. It will be located in Cleveland.

One hundred and thirty-seven applicants for license were examined by our State Board of Medical Examiners; 134 passed; 13 osteopathic physicians passed, one failed. Three midwives passed. Thirteen physicians were granted reciprocity licenses and six were postponed. Reciprocity was established with Arkansas, and a request for reciprocity with Mexico taken under consideration.

The Ohio State Medical Board, on July 5, made public a list of applicants who passed the examination June 13, 14 and 15, 1910. Besides those given in our local column, the following were admitted to practice: M. W. Davis, Delaware; C. McPeek, Van Wert; H. P. Sparling, Marietta; G. M. Kerr, Washington C. H.; E. L. Hughes, Dennison; E. E. Furnas, West Milton; H. B. Frederick, Jerry City; F. C. Leeds, Batavia; C. C. Patton, New Athens; W. R. Keller, Kingsville; R. H. Smith, Akron; W. B. Rice, Urbana; A. J. Love, Xenia; H. C. Lisle, Springfield; C. C. Kennedy, Laurel; F. O. Smith, Riley; G. W. King, Ironton; J. H. Berry, Hillsboro; H. G. Clarke, Harrisville; F. I. Shroyer, Tippecanoe City; H. Van Pelt, Mt. Healthy; O. E. Bloom, Springfield. Among the Osteopaths were F. D. Clark, Sidney; E. H. Bean, Athens.

The following Cincinnatians passed the required test before the State Board of Medical Examination and Registration at Columbus: George Platt Tyler, Jr., Oliver H. Griffith, Fletcher Langdon, Clyde E. Shinkle, Rob't W. Kasting, Pearl S. Waters, Harry O. Mateer, Joseph E. Blunden, George U. Panzer, John D. Schonwald, Jacob D. Rosenbaum. Osteopaths, Charles M. Larue and Maude L. Warner.

Dr. J. D. Holston, Massillon, had the honor to dedicate the new City Hospital, he having the first operation performed.

The State Medical Board has passed the following resolution: "Moved, that recognition by the State Medical Board be withdrawn from medical colleges located in Ohio that do not require for matriculation a certificate of admission issued by the entrance examiner of this board, and that all colleges in the State shall file with the secretary of the board a complete list of matriculants on or before November 15 of each year."

Oklahoma.

The Board of Medical Examiners have repealed the section or clause relating to reciprocity. The amendment went into effect July 1. Henceforth there will be no reciprocity with Oklahoma.

Dr. Frank P. Davis, secretary of the Oklahoma State Board of Medical Examiners, is a candidate on the Democratic ticket for the office of lieutenant-governor.

South Dakota.

The conjoint session of the Eclectic and Homeopathic Societies of South Dakota was held at Mitchell, and a splendid meeting resulted. The officers

for the year 1910-1911 of the former society are: President, W. E. Daniel, Madison: secretary, J. C. Greenfield, Avon.

D. D. Raber, M.D., has removed from Plano, Ill., to Scenic, this State.

Texas.

In Texas, under the existing law, 7,019 certificates have been signed, 6,621 of which were verification certificates, 353 on examination, 245 by reciprocity with other States. In the last two years the State Board of Medical Examiners has granted 272 entrance certificates on literary qualification to applicants for admission to medical colleges in Texas. Of these 117 possess literary degrees and qualifications equivalent to the four unit basis; 61 on the eight-point basis or scholarship requirements for entrance to a high school; 94 entered with scholarship equivalent of between eight and twelve units.

J. H. Reynolds has removed to Myra.

S. T. Pulliam has located at 226 First National Bank Building, Houston.

Dr. Thomas Kirk, Jr., has removed from Burr Oak to Portland.

Dr. W. T. Bettencourt is located at Polyclinic Heights, Ft. Worth.

Dr. Hugh Helbing is associated with his father at North Ft. Worth.

J. N. White, M.D., has removed from Queen City to Texarkana.

Tennessee.

Dr. Simmons, secretary of the Tennessee society, reports one of the best meetings in several years, a number of very interesting papers having been read and discussed. The new officers for next year are: President, W. N. Holmes, Nashville; vice-president, J. J. Shannon, Hurricane; second vice-president, A. E. Fuston, Shelbyville; secretary, B. L. Simmons, Granville; treasurer, G. M. Hite, Nashville. Next meeting will be held at Nashville, May, 1911.

West Virginia.

The annual meeting of the West Virginia State Eclectic Medical Association was held at Clarksburg, May 10-11. An interesting meeting is reported, though attendance was small. The following officers were elected for the ensuing year: President, Allen Bush, Morgantown; first vice-president, M. E. Waldron, Naugatuck; second vice-president, H. R. Werner, Thomas; recording secretary and treasurer, W. B. Hartwig, Wileyville. Next meeting will be held at Huntington, the third Tuesday and Wednesday of May, 1911.

Some of the things done at this last meeting were that they decided to have a publication committee and a State editor for the *Journal*. Also, by motion, a resolution and petition be sent to the Governor in regard to the appointment of a representative on the State board of health, who shall be recommended by this Society.

Wisconsin.

The Wisconsin State Eclectic Medical Society held its thirty-third annual session at Devil's Lake, June 14-16. There was not a large attendance, but

what was lacking in numbers was made up in enthusiasm and the result was a good meeting. The newly elected officers are: President, Dr. Ira Fay Thompson, Reedsburg; Secretary, Dr. F. C. Haney, Milwaukee. The 1911 meeting will be held at Kilbourne.

MARRIAGES.

Mary B. Carr, M.D., to Mr. Salvatore Zullo, January 10, 1910.

Fred. H. Finlaw, M.D., of Moscow, Ind., to Miss Lydia Pierce Shephard, of Cincinnati, Ohio, April 27, 1910, at Maysville, Ky.

At Kenton, Ohio, Maude, the eldest daughter of Dr. and Mrs. B. K. Jones, to Charles R. Crum, of Forest, Ohio.

At Decatur, Ga., June 15, Lucy V., daughter of Prof. Wm. M. Durham, and Dr. John H. Goss, Jr.

At Wyoming, Ohio, Mary Baron, the only daughter of Prof. and Mrs. John R. Spencer, to Rev. C. W. Atwater.

OBITUARIES.

Andrews, Arthur, Eclectic Medical Institute, Cincinnati, 1875, at his home in Topeka, Kan., aged 59.

Ayres, Ezra J., Eclectic Medical College of Pennsylvania, Philadelphia, 1871, at his home in California, Mich., May 13, aged 70.

Bittner, Edward Franklin, Eclectic Medical Institute, Cincinnati, 1899, at his home in Somerset, Pa., April 29, aged 41.

Blankinship, W. H., Western Eclectic Medical College of Medicine and Surgery, Kansas City, Mo., 1908, at his home in Umpire, Kan., May 15, aged 28.

Buchanan, Ramer, Indiana Eclectic Medical College, 1890, at Surprise, Ind., May 8, aged 53.

Burleigh, Charles A., California Eclectic Medical College, 1889, at his home, Forest Hill, Cal., June 3, aged 47.

Cagle, Martin, Georgia College of Eclectic Medicine and Surgery, Atlanta, 1894, of Adairsville, Ga., accidentally at Atlanta, May 6.

Carmack, Wesley A., Eclectic Medical Institute, Cincinnati, 1874, at his home in Cherryvale, Kan., June 9, aged 71.

Clark, A. L., Eclectic Medical Institute, Cincinnati, 1861, at his home in Elgin, Ills., April 11, aged 73. Prof. Clark was for many years president and dean of Bennett Medical College. He was also formerly editor of the *Chicago Medical Times* and a member of the Illinois State Board of Health.

Elliott, Wm. E., American Eclectic Medical College of St. Louis, Mo., 1878, at Bardolph, Ills., March 24, aged 74.

Frech, August F., Vice president of the Eclectic Medical College of New York City, at the German Hospital, April 29, aged 79.

Groves, John Edward, Bennett Medical College, Chicago, 1887, at his home in Altamount, May 17, aged 45.

Hobbs, Havillia C., Eclectic Medical Institute, Cincinnati, 1881, at his home in Salem, Ind., April 18, aged 61.

Horsley, William Eugene, California Eclectic Medical College, Los Angeles, 1900, at his home in Mauton, Cal., October 14, 1909, aged 50.

Hudson, W. C., American Medical College, 1884, at Mulberry, Ark.

Knowles, Edwin H., Eclectic Medical College of Pennsylvania, Philadelphia, 1879, at his home in North Stonington, May 30, aged 67.

Linquist, M. F., Eclectic Medical College of New York, 1869, at New Haven, Conn., April 3, aged 83.

Magill, Abraham Grove, American Medical College, Cincinnati, 1834, at his home in Silver Lake, Kan., February 27, aged 76.

Mayer, Daniel, Eclectic Medical Institute, Cincinnati, 1869, at Jewish Hospital, Cincinnati, May 20, aged 73.

McIntosh, Jacob P., Eclectic Medical Institute, Cincinnati, 1869, at Worthington, Ind., April 30, aged 74.

Pickerill, ——— Iowa, 1892, at Lake Charles, La., February 28, aged 38.

Robinson, Marshall P., Eclectic Medical Institute, Cincinnati, 1876, at the home of his sister, in Lexington, Ky., May 66, aged 63.

Sanderson, S. E., Philadelphia, Pa., 1876, at Madison, Wis., February 5.

Steward, Wallace, Eclectic Medical Institute, Cincinnati, 1872, at East Clarendon, Vt., March 30.

Way, Samuel C., Eclectic Medical Institute, Cincinnati, 1866, at Johnson City, Tenn., February 4, aged 79.

Widener, A. J., American Medical College, St. Louis, April 26, at his home in Little Rock, Ark., April 25, aged 54. Dr. Widener was secretary of the State board of medical examiners at the time of his death, and he has for many years been prominent in the profession of Arkansas.

Williams, Thomas F., Eclectic Medical Institute, Cincinnati, 1888, at his home in Des Moines, Iowa, April 25, aged 46.

NATIONAL CONFEDERATION OF STATE MEDICAL EXAMINING AND LICENSING BOARDS.

The twentieth annual convention of the National Confederation of State Examining and Licensing Boards was called to order at the Southern Hotel, St. Louis, Mo., by the President, Dr. A. Ravogli. After an invocation by the Rev. Stephen F. Sherman, Jr., Dr. A. H. Hamel, chairman of the local committee of arrangements, introduced Dr. Joseph S. Grindon, who delivered the address of welcome, which was responded to by Dr. Joseph C. Guernsey.

Dr. A. Ravogli delivered the annual address of the president, "A Plea for More Practical and Extended Clinical Instruction for Medical Students." The report of the secretary-treasurer, Dr. M. G. Motter, was read, audited and approved, showing a total of $557.89, with a balance of $228.08. The report of the executive council was read by Dr. N. R. Coleman, referred to a committee which commended the subject matter for its practical value to

medical educators, and recommended the adoption of an amendment to the constitution providing for a corresponding secretary, and the appointment of a committee to confer with a committee from the American Confederation of Reciprocating Examining and Licensing Medical Boards on the feasibility of uniting the two bodies. According to the subsequent report of this committee, the proposed union was found to be impracticable at present. The report of the committee on clinical instruction, by Dr. Henry Beates, and that on materia medica, by Dr. M. G. Motter, were read and referred for publication.

The paper by Dr. Abraham Flexner, of the Carnegie Foundation, on "The State Boards in Relation to Medical Education," elicited a lively discussion and was the subject of considerable newspaper comment.

The symposium on clinical instruction was opened by Dr. George Dock, who said that present school conditions warrant the introduction by the boards of practical examinations, that the material is available, that their purpose should be to test the applicants' methods, and that they would necessitate expert examiners. Dr. Fred. C. Zapffe contributed a valuable and timely paper on "The Present State of Clinical Instruction." Dr. J. C. Guernsey discussed the advantages of the old preceptor system. Dr. J. C. Oliver opposed the lengthening of the medical course to five years. Dr. A. F. Stephens dwelt upon the importance of post-graduate clinical work. With reference to the introduction of practical examinations by the State boards, Dr. Thos. McCrae discussed instruction in clinical medicine; Dr. A. D. Bevan, instruction in clinical surgery; Dr. C. F. Hoover, instruction in diseases of the heart and lungs; Dr. W. A. Hardaway, diseases of the skin; and Dr. D. T. Vail, refraction. Dr. J. Coons outlined the methods of practical examinations in histology, pathology, bacteriology, urinalysis, etc.

The Board of Medical Examiners of Utah, the Medical Board of Arkansas Medical Society, the Eclectic State Medical Board of Arkansas, and Drs. E. J. Collins, A .H. Hamel, Frederic Singer, Darlington Snyder, R. O. Tucker and N. P. Colwell were admitted to membership in the Confederation.

The following officers and committees were elected: President, J. C. Guernsey, Philadelphia, Pa.; first vice-president, James A. Egan, Springfield, Ill.; second vice-president, Charles A. Tuttle, New Haven, Conn.; secretary-treasurer, Geo. H. Matson, Columbus, O.; assistant secretary, Darlington Snyder, Columbus, O. Executive Council: N. R. Coleman, Columbus, O.; Edwin B. Harvey, Boston, Mass.; James A. Duncan, Toledo, O.; A. H. Hamel, St. Louis, Mo.; D. P. Maddux, Chester, Pa. Committee on Clinical Instruction: Henry Beates, Philadelphia, Pa.; Charles A. Tuttle, New Haven, Conn.; Fred. C. Zapffe, Chicago, Ill.; Maurice J. Lewi, New York City; L. F. Bennett, Beloit, Wis. Committee on Materia Medica: M. G. Motter, Washington, D. C.; J. C. Guernsey, Philadelphia, Pa.; George MacDonald, Washington, D. C. Committee on Lay Publicity: Darlington Snyder, Columbus, O.; Frederic Singer, Pueblo, Col.; Fred C. Zapffe, Chicago, Ill. Committee on Dr. Abraham Flexner's paper: W. J. Means, N. P. Colwell and Henry Beates.

C. Edwin Miles, M.D.,
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HERNIA.

A. O. HYDE, M.D., QUEENS, N. Y.

We may consider each variety separately; the rare forms at first, later, the usual or those more commonly found. Beginning with hernia of the foramen of Winslow, probably the most rare hernia, due to great pressure on the abdomen forcing the viscera through this small opening, its occurrence being at times favored by the large size of the foramen. At least twenty cases have been reported. The upper portion of the small intestine usually forms the hernial tumor. Early abdominal section constitutes the proper treatment.

Diaphragmatic hernia is usually on the left side, whether of congenital or of traumatic origin. The contents of the sac are usually the stomach, next the colon, then the small intestine. Treatment is of little avail, because when congenital the child dies, and when acquired the patient succumbs to the effect of the injury, operation, or both, except when the hernial mass is small.

The weakest parts of the diaphragm are on either side of the ensiform appendix, where muscle is absent, next at its posterior ligaments, the sites of the hernia. After crushing accidents, great thirst is diagnostic; seldom diagnosed before death, when traumatic. Of 250 cases only five were diagnosed.

Lumbar hernia is very rare. It occurs at Petit's triangle and protrudes through the lumbar fascia near the outer border of the quadratus lumborum muscle. It has been incised by mistake for tumor, abscess, hematoma, etc. This fact makes it worthy of notice. Dowd has devised a method of operation, where this is deemed necessary, by bringing together the latissimus dorsi and external oblique muscles, and then sewing a portion of the fascia of the latissimus over the site of the hernia.

Other rare forms need only passing notice, such as perineal (in front of the rectum); ischiatic, above or below the pyriformis muscle, at the great sacro-sciatic foramen (latter very rare). Obturator hernia, unfortunately not often recognized before death, usually passes through the upper part of the obturator foramen, the obturator artery being to either the outer or inner side. Severe pain along the obturator nerve, due to pressure, is a very diagnostic sign. Treatment by incision directly down to the hernia

in the groin, or abdominal section, is all that is serviceable. A partial form of obturator hernia is found where an appendix epiploic becomes wedged in the obturator canal, apparently drawing down the sigmoid and producing an angulation in that viscus. But since I have found the same angulation without hernia arrangement, it seems to be of little moment.

An interesting form of hernia is presented by the small intestine forcing the sac or pouch of the inferior duodenal fossa downward, especially as it constitutes 70 to 75 per cent. of such internal hernias. It may be as large as a man's head. The sac passes down behind the posterior peritoneal wall, and may contain almost the whole of the small intestines. I have a post-mortem specimen that contained twenty feet of intestine. It is most frequent on the left side. The inferior mesenteric vein is generally above, and the left colic artery may be below. Fifty-seven cases were reported up to 1897. When slowly formed, digestive troubles are present; occurring suddenly, acute intestinal obstruction results. Its reduction is only through celiotomy.

Ventral or epigastric hernia may be due to failure of union of the abdominal wound after laparotomy. Lipoma attached to the peritoneum may also produce it, by dragging on the peritoneum until a peritoneal sac is formed. Its chief interest to the surgeon is due to its common occurrence after laparotomy. To avoid this accident, care must be used to properly sew up the wound, best in layers, especially uniting the fascial planes carefully. It at times appears, though small in size, where the drain-tube has been used for a considerable period after operation; therefore it has been suggested to freshen the edges of this opening and close it with a suture. A case of ventral hernia was reported last year, where a blow or sudden pressure had been made over the abdomen, accidentally in a polo game, four years before the hernia appeared at McBurney's point.

Hernia through the abdominal muscles may have, as a predisposing cause, the congenital absence of a part of any of the oblique, transverse or recti muscles. This defect has only been found in men, especially in the line of muscular aponeurosis, not in women. Another predisposing cause may be the previous destruction of a nerve to a part of a muscle, leaving a weakened muscular area.

Properitoneal or interstitial hernia, usually due to attempts at taxis, may in this manner be a complication of femoral, inguinal or umbilical hernia. When the hernia has been reduced by taxis, and no relief follows, this form may be present, in which a second sac, having been forced between the peritoneum and the muscles, or between the muscles themselves, or even so far forward as to be covered by the skin only.

Umbilical hernia, if congenital, may contain one or more of the abdominal viscera. The infantile usually occurs during the early months of infancy, due in most cases to straining efforts, as in coughing, crying, etc. Acquired umbilical hernia is most frequent in women of advanced age. The sac contains, as a rule, omentum, or, in addition, intestine. In the latter case obstruction is not so infrequent. The second form may be cured by

compress or truss. The congenital and acquired need operation. The latter, with which the surgeon has most frequently to deal, requires careful dissection, after an incision through the abdominal wall encircling the tumor, and then the Mayo overlapping of the upper over the lower flap of the abdominal incision. These patients, often of low vitality, need prompt treatment to combat the effects of shock. This condition of lowered vitality may often cause the surgeon to hesitate as to the possible benefit from operation. When not reducible by taxis, as death is inevitable, it would seem just to our patients to give them the only chance for life possible by prompt surgical treatment.

In femoral hernia, most common in women, the sac, containing omentum, viscera, or both, has passed through the femoral ring into the crural sheath, and appears beneath the skin on the front of the thigh, below the posterior ligament. While it usually is on the inner side of the femoral vein, it may be anterior, posterior or external to the femoral vessels. After descending to the lower part of the saphenous opening, it turns upward and overlaps Poupart's ligament.

Femoral hernia requires diagnosis from other tumors. Fatty tumors (lipomata), varix of saphenous vein, psoas abscess, which resembles femoral hernia, except the history and the position of the tumor, which appears at the outer side of the vessels. Inguinal cysts are difficult to diagnose from femoral hernia. And lastly, inguinal glands. Shepard says the genito-crural nerve stretched tightly over a gland has given rise to vomiting and constipation, thus simulating hernia. Two or three varieties of these tumors may be present in a single case.

Inguinal hernia is the most common of all hernias. From a report of 23,000 cases, 15,000 were on the right side and 9,000 on the left side. The oblique variety, through the inguinal canal, is generally the course taken by the sac; the sac containing omentum and usually viscera, pelvic or abdominal. Even the uterus, both pregnant and non-pregnant, has been found in the sac. This form of hernia seldom precedes the first birth, but may follow any birth. The passage of the sac along the inguinal canal may be arrested at any part of the canal, or pass onward to the scrotum or labium.

The essential structures constituting a hernia may be referred to with advantage, beginning with the sac, which is always peritonenm, at first thin as the peritoneum, but later becoming thickened and associated with thickening of the various tissues external to or surrounding the sac.

The hernial opening may be through the abdominal walls, directly through natural openings in the walls, retroperitoneal by the sac being forced behind or superficial to the peritoneum, or through a ring of the peritoneum, as at the foramen of Winslow.

The contents of the sac vary according to the location of the protrusion of the viscera covered by peritoneum. The liver or any part of it is least often found in the sac. The constriction may be at the neck of the sac or, more commonly, outside of the sac, in the structures forming the hernial

ring. Observation of a large number of inguinal hernias showed it to be at the external ring.

The symptoms of hernia are too well known to need recounting, and the diagnosis, except in rare forms, is not generally difficult. Tumors or inflamed, swollen tissue at times present difficulties in diagnosis. One not referred to above is lipoma of the spermatic cord. Of the different conditions affecting the hernial contents, strangulation is the most important and dangerous to life. In very acute cases death has followed in forty-eight hours. In other cases an opening from the gangrenous bowel by suppuration has formed an artificial anus and life has been spared. So extremely rare is this result that treatment by taxis or herniotomy is immediately imperative.

Taxis, the return of the hernia by manipulation, is generally easy if done immediately; later, if done under anesthesia, should be very gently and briefly attempted, and if found unsuccessful operation should be done at once. The efforts of the surgeon in taxis are often materially aided by cold application to the hernial tumor, or change of position of the patient, with or without anesthesia. The sugeon here is apt to yield to the desire of the patient or family, and try to avoid an operation. Even after reduction, the condition and position of the strangulated parts are unknown to the operator. He may have relieved one hernia and produced another, as in properitoneal hernia. It has been suggested by good authority that taxis should not be employed longer than five or ten minutes. In femoral hernia I have partly invaginated the ends of the fingers in the fold of skin above Poupart's ligament, and with this hand pulling the intestines upward, and the other hand below the ligament forcing them upward, easily reduced the hernia.

In the rare forms, as obturator, diaphragmatic, etc., operation is the only treatment that may be relied upon. In umbilical hernia the obstructed bowel may be freed from constriction by taxis. Strangulated hernia may likewise yield to taxis. Operation should follow without delay when taxis fails.

Of the numerous methods of operation, we find some advantage probably in each. Of those best known, Bassini's may be regarded as *the best* for inguinal and femoral hernia. Halstead's, placing the spermatic cord between the aponeurosis of the external oblique and skin, after reducing the cord by removal of some veins, has had many complications. In certain cases it may have some advantage. Atrophy of the testes has occurred. McEwen's has an excellent record. Many operations are so complicated, or rather require so much unnecessary detail of technique, that they have been abandoned. In the Bassini operation for inguinal hernia care should be given to the choice of suture material. Prof. DeGarmo, from his recent work on the subject, uses heavy kangaroo tendon; other operators prefer medium size. Wire, silver or gold, silkworm-gut, catgut, etc., have each had their advocates. Personally, I have been well satisfied with forty-day chromic catgut No. 2, or kangaroo tendon, medium or heavy. At the same time,

one of my emergency inguinal cases, done during pregnancy with plain No. 4 catgut, has resisted the strain of two pregnancies, although the knots sloughed out at different times during three or four months after the operation. There has been no relapse after fourteen or fifteen years. I have the opinion, from some experience, that kangaroo tendon will resist destruction when exposed to pus, even for some considerable time. As to infection about the knots in the sutures, by using Billroth's sutures I can sew the internal oblique and transversalis to Poupart's ligament and the external oblique aponeurosis together with one long suture, and have but one knot. This seems to reduce this complication to a minimum.

There has been a tendency to improve on the Bassini operation by omitting to transplant the spermatic cord, and, instead, leaving it covered by the abdominal muscles, sewing them over it. Experience at the Hospital for the Ruptured and Crippled, of New York City, demonstrates that transplanting the cord is not so necessary in children as in adults. In adults, however, in a very large number of operations, relapses, when the cord was not transplanted, occurred in 1.04 per cent. When transplanted, it was only 0.62 per cent. In women it does not appear necessary to transplant the round ligament. More extended trial may reverse this opinion. Ninety per cent. of relapses are said to occur in the first year for all varieties of hernia.

In operation for femoral hernia, the sac, which may be very small, in a few instances, should be sought for carefully under Poupart's ligament, because when it is small it may be pushed upward or reduced, the sac still containing the strangulated gut. I have a post-mortem specimen where an excellent Bassini operation had been done below the sac, which still retained its strangulated contents, thus producing the patient's death.

Hernial sacs should, when small, be sought for carefully, beginning at the abdominal end of the protrusion. Not long since I operated by Bassini on a young woman where I could discover no evidence of a sac, either before or at the time of the operation, yet the pain has not returned, and the truss is no longer necessary. A slight cupping or dilatation of the peritoneum at the internal ring was the probable cause of the trouble during the past two or three years.

In old hernias, especially direct or oblique inguinal, where there is absorption of tissue about the hernial opening, the defect may be remedied by sewing the outer edge of the rectus muscle to Poupart's ligament, or turning down a portion of the rectus sheath and sewing it to the ligament. Where the opening is too large even for this repair, silver filigree work, placed between the peritoneum and muscle walls, has been used.

The unusual arrangement of the contents of the sac is of much interest. For example, in femoral hernia it may contain the bladder, more often than in inguinal hernia, the bladder being either in the sac or at the side of it. It has several times been opened in operation as the sac. Sliding hernia also presents a peculiar condition as to the contents of sac. For example, Brewer had, in right inguinal hernia, one containing part of the colon, ileum, appendix, sigmoid flexure and some parietal peritoneum. This form of

hernia is rather troublesome, because of difficulty to reduce the viscera properly, and to treat the sac, because the posterior wall of the sac will be the sliding viscus, the sigmoid, cecum or colon.

Lilienthal, of New York, says that the sac may contain two intestinal loops with a gangrenous arm between them, this arm being still in the peritoneal cavity. In properitoneal hernia there may be two strangulated parts. In scrotal hernia, constriction causing the strangulation may be at the upper part of the tunica vaginalis, where the tunica still remains open. In a large number of inguinal hernias reported not long ago, the constricting band was found at the external abdominal ring. In femoral hernia the constriction is usually at Gimbernat's ligament.

Dangers or accidents to be met with in herniotomy are opening into the bladder, whose wall at this time is very thin. The operator may pull it into the site of operation if too much traction is exerted. Also the ligature for the sac has been tied about a part of the bladder by mistake. Again, injury to intestine may occur. To avoid injury to the femoral or iliac vessels, careful selection of needle becomes necessary. The Hagedorn is probably the most dangerous, because of its lower cutting edge, which might wound the iliac artery. Such an accident has happened to skilled surgeons. DeGarmo uses a coarse, round-pointed, large needle. I have easy suturing without tendency to cut vessels, by using a lance-pointed needle, cutting only on each side of the point.

Loss of limb and fatal results have followed the accident to the iliac or femoral arteries, but not in every case; for, as an example of arterial wound, we have the remarkable history of destruction of both external iliacs by pressure of drain-tubes, in the same patient, with recovery without loss of either limb.

Hernia, requiring so frequently surgical treatment, presents its greatest dangers when the patient relies on the use of a truss, which may be temporarily laid aside, or become displaced, exposing the patient to danger of strangulation. In the few cases where operation is not advisable, truss or suspensory must be used. Since, however, the more general use of local anesthesia, herniotomy may be painlessly and easily performed on the aged, or those in whom thoracic complications or diseases would prevent general anesthesia. That the mortality from operation is very low is evident from the death rate of 0.21 per cent. in 2,732 cases.

ACUTE CATARRHAL CONJUNCTIVITIS.

J. P. Harbert, M.D., Bellefontaine, O.

Definition.—An acute inflammatory disease of the conjunctiva, accompanied by a swelling of the membrane and lids and a mucoid or muco-purulent secretion.

Synonyms.—Acute muco-purulent conjunctivitis; acute simple conjunctivitis; catarrhal ophthalmia; catarrhal conjunctivitis.

Objective Symptoms.—The conjunctiva of the lids and fornix is intensely injected and swollen. The ocular conjunctiva is also congested; this is slight in mild cases and marked in severe ones. Chemosis, conjunctival hemorrhages and swelling of the eyelids may be present in marked cases. Increased lacrimation and a variable amount of secretion are present. In mild cases the discharge is mucoid in character, and the amount may be only sufficient to cause adhesion of the lids after sleep. In severe forms the discharge becomes muco-purulent, and the quantity may be so great in some cases as to make it difficult, at first, to distinguish the affection from a purulent inflammation. Usually both eyes are implicated.

Subjective Symptoms.—The patient complains of itching and burning, and the feeling as though sand or a foreign body were in the eye. There is discomfort rather than actual pain, unless some complications occur. Photophobia may be more or less marked, the severity of this as well as other symptoms depending upon the severity of the attack. Exacerbation of all the symptoms is noticed toward evening in most cases. Vision is not usually affected except by flakes of mucus crossing the cornea.

Course.—The tendency of the disease is to spontaneous recovery. The process will usually subside in a week or ten days, though a chronic form of the inflammation occasionally remains.

Complications.—More or less blepharitis sometimes occurs, adding to the discomfort of the patient. Ulceration of the margin of the cornea may be present in severe cases, and gives rise to increased pain and photophobia. Ordinarily the ulcer heals quickly, but in cases that are of special intensity it may become deep and tend to perforate the cornea. Iritis may occur as a rare complication.

Etiology.—According to their etiology certain varieties of the disease are to be distinguished. Traumatic or mechanical conjunctivitis results from the presence of a foreign body, or traumatism. Exposure to wind, dust, intense light, etc., may also cause this form of the disease. Lacrimal conjunctivitis is caused by the discharge from an inflamed tear sac. Exanthematous conjunctivitis, associated with measles, scarlet fever and smallpox, is another variety. The affection is associated often with coryza, eczema, facial erysipelas, influenza, bronchitis and rheumatism, and to this variety de Schweinitz applies the term "associated conjunctivitis." An acute epidemic form of the disease is vulgarly known as "pink-eye," and is very contagious in character, and occurs most frequently in spring and fall; it is caused by the Koch-Weeks bacillus. Contamination with the discharge by means of linen, fingers, etc., often results in the disease spreading through a household or school. Besides the Koch-Weeks bacillus, other bacteria are present in severe cases, including staphylococci, streptococci and the pneumococcus of Fraenkel.

Diagnosis.—If the severity of the symptoms leads one to suspect a purulent inflammation, a microscopic examination will be conclusive.

Local Treatment.—The eyes should be bathed frequently with hot water, and kept free of the discharge. A saturated solution of boric acid may be

employed to irrigate the conjunctival sac. Boric acid ointment should be applied to the lids during sleep, to prevent them sticking together and the retention of discharge. During the first stage a solution of adrenalin, 1-10,000, is beneficial. Argyrol, 5 to 20 per cent., may be applied daily while the discharge is profuse. Bandages should never be used, since they prevent the speedy exit of the discharge. Poultices are mentioned only to be condemned, and the patient and family should be cautioned against their use. If photophobia is present the eyes may be protected with a shade or smoked glasses. The contagiousness of the discharge is to be explained to the family.

After the acute stage is passed, stimulating and astringent solutions may be used. For this purpose, zinc sulphate two grains to the ounce, alum five grains to the ounce, or tannin ten grains to the ounce, may be employed. Nitrate of silver in 1 per cent. solution may be applied to the everted lids in cases that tend to chronicity.

Internal Treatment.—Aconite is indicated in the first stage of the disease; a small, rapid pulse and nervous excitement are special indications calling for this drug. Apis is indicated if chemosis and stinging pains are present. Euphrasia will afford relief in cases characterized by a thick, yellow, acrid discharge, which excoriates the lids and cheeks; profuse lacrimation is also an indication for this remedy. Most cases of the disease associated with measles call for euphrasia, and it is likewise frequently indicated when the affection accompanies an acute coryza. Pulsatilla will prove beneficial when the discharge is thick and yellow or yellowish-green, and non-irritating. It is frequently indicated when the disease follows measles, and is of special value in pale, nervous, despondent females. Rhus tox. is indicated by a sense of burning and itching in the eyes and lids and profuse lacrimation. When the disease has resulted from wet and exposure, and in patients having a tendency to rheumatism, this drug is frequently indicated. Sulphide of calcium will prove useful when the discharge is markedly purulent. Phytolacca will ben beneficial if there is enlargement of the lymphatics and an altered condition of the blood.

PUERPERAL ECLAMPSIA.

Ira Fay Thompson, M.D., Reedsburg, Wis.

If ever there was a time when I, as a physician, have wished myself miles away, or that I was in some other profession, it was when I have been brought face to face with a case of puerperal eclampsia. In eight years of practice I did not see such a condition, but as I look back at the ninth year, when I had four of them, three in one month, I feel that I have had all that was coming to me, and then some. I do not feel that four cases give me such knowledge that I know all there is to know about eclampsia, but in my worry and desire to serve my patients I went to the trouble of reading everything I could find on the subject, and finally outlined a treatment that

accomplished something, and by presenting this paper to you the discussion at least may bring out some points that may be of use to us all.

Puerperal eclampsia is an acute condition which may occur in the pregnant, parturient or puerperal woman, characterized by tonic and clonic convulsions, loss of consciousness, and followed by more or less prolonged coma. These attacks may come on at any time, as early as the third month, though rarely before the last part of pregnancy, sometimes without warning or previous condition suggesting such possibility. In the larger clinics they find more cases some years than others. The greater majority of cases are in primiparous women.

The symptoms of eclampsia are so well known I will but mention the most prominent. There is a moment of premonition. The patient may speak of its coming, or grasp at you, their eyes widely dilated or rolling from side to side; clonic spasms, beginning in arms and face and extending over the entire body. The face becomes congested; breathing becomes stertorous, frothing at the mouth. The spasm ends. The stertorous breathing continues for some moments; patient lies in a comatose condition, perfectly relaxed. On awakening they are aware that something has happened, but usually know nothing of what it was. More important than the symptoms of the attack are the premonitory symptoms—headache and disturbances of vision—that give you hours or weeks of warning if their importance is recognized and reported to you, allowing you to prepare for the eclampsia—even, I believe, to ward it off.

Seldom does a primiparous, and far too small a number of our multiparous patients, ever bring a sample of their urine for examination. Too often the fault lies with the physician, for he does not ask for a sample. On attending a case, tell them if they ever have another, and expect to have you, that they should bring in a sample at the time they feel life. Leave that impression with all your patients. This allows them to make known to you that they are expecting an arrival—something many put off till the time arrives. Given a case in which we find albumin, the urates low, warn the patient of what may be expected and what they are to look for—headaches and disturbances of vision—and that it is more likely to occur in cases without edema than where their feet and hands are swollen. I want to say this, however, that I do not believe the presence of albumin or the lack of urates in the urine is the cause of the eclampsia, but if such a condition is present there is a condition in the "system complex" making a convulsion highly probable. With the two symptoms—headache and disturbance of vision—with the urinary findings as mentioned, you should be as prepared to go instantly to your case as though they had said, "The water has broken, we will tell you when the pains begin."

There is a great difference of opinion amongst those who have a great number of cases as to the time it is most likely to occur—antepartum, intrapartum or postpartum. As labor is nearly always found to have begun after an attack, it would seem impossible to state whether a case was antepartum or intrapartum. A majority of the postpartum cases are no doubt

due to the fact that having carried the patient through without trouble, the after-care is neglected.

The cause of eclampsia, though we all have our own opinion, is not yet proven. The earliest writers thought it to be a nervous disorder, peculiar to pregnancy; others, that it was due to an albuminuria; others, that it was due to or similar to uremia; the result of edema of the brain; to bacteria affecting the child or the mother; to an auto-intoxication, with later liver and kidney involvement; to mechanical pressure on the ureters; to a fibrin ferment set free from the placental cells; to the products of fetal metabolism, the maternal organism being unable to acommodate itself to the increased work; while various blood dyscrasias, as an increase in the leukomains or an unusual amount of globulin in the serum, is given by others—as many different theories as there are investigators.

Post-mortems show that only a small percentage of women with chronic nephritis have eclampsia. Some changes, however, are always present, generally those of an acute nephritis, with marked necrosis of the renal epithelium. Others have demonstrated areas of necrosis in the liver, often of such size as to be visible to the naked eye. Others have found in the brain substance an edema or hyperemia, a thrombus or a hemorrhage; in the heart, degenerative changes of the myocardium; in the lungs, evidence of pneumonia and puerperal infection are often found. All or any of these conditions are not held to be the cause of eclampsia, but are found as a secondary condition following the attack. With all the causes given—maternal, placental, fetal, blood changes or bacterial, that will also admit of the pathological changes that have been found—one thing seems probable, and that is that there is present in the blood some substance which may cause the condition, giving rise to necrosis in the various organs, and when the time comes that the blood contains enough to affect the nerve centers sufficiently, eclampsia results.

The diagnosis of eclampsia should be easily made if pregnancy and the urinary findings are known. We should, however, not forget that uremia, epilepsy and hysteria are very similar and should not be mistaken.

The prognosis is always grave. As high as 25 per cent. is given by some authors for the maternal deaths, and 50 per cent. for the fetal. Prognosis depends on the length of the convulsion, the length of the coma, the time intervening between convulsions and the condition of the pulse and temperature. The length of the convulsion is of least importance.; the length of the coma, and whether they come out of it entirely before the next convulsion, is of the greatest importance. With a full, bounding pulse, even though rapid, temperature not high, the prognosis is favorable. The number of convulsions seem to make no difference. Some have died in the first, while others have survived after many.

While there will always be cases that come on unannounced and unexpected, there is no doubt in my mind that if the young married people, instead of groping blindly, were taught some knowledge of the marital relations, that they might realize the bearing of children was a God-given privi-

lege not to be abused, but something to be proud of; when they come to know that the physician should be consulted early in the affairs of motherhood, and the physicians arise to the fact that they have the welfare of future generations in their care, puerperal eclampsia will have become one of the rare complications of pregnancy and the mortality therefrom a negligible quantity. Not that I believe every case can be averted, but the majority surely can be.

Early examination of the urine is a necessity. As soon as a patient speaks to you about her conditions, request a sample of her urine. If it is normal you will not need another before the fifth or sixth month, once a month thereafter until the last month, then at two weeks' intervals. At the earliest trace of albumin restrict the diet, increase elimination by all the emunctories. Watch your patient, keep in close touch with her, show you are interested in her—your reputation and business will not suffer. Personally, I restrict the diet of every patient at the beginning of the last month of pregnancy, omitting meats, pastry, spiced foods and stimulating drinks, except for Sundays and when invited out or entertaining company. Ask them to drink freely of water, milk and buttermilk; explaining that there is nothing wrong with them, but it is for their welfare that their various organs may have the least possible amount of work to do, and that they themselves may be in the best possible condition. Instruct them regarding ventilation of their sleeping-rooms; to bathe frequently; that they must take a moderate amount of exercise in the open air; and in their wearing of proper clothing. The majority of them will follow your instructions absolutely and believe you do have an interest in them. If under the restricted diet the urine steadily grows worse, the eighth month having been reached, there is always the possibility of saving the child and the mother by bringing on labor. If it were possible to have the patient in good sanitary surroundings and with intelligent help, I would not hesitate to advise such a course, believing that the chances are better for the child if the mother does not have a convulsion, and better for the mother, as there is less liability of her having a convulsion, the child having been born; and the almost certainty of her having a convulsion, or at least a chronic nephritis, if her condition was permitted to continue till after full-term delivery.

If a convulsion does occur, the sooner the child is born the better for all concerned. The relatives, after seeing one convulsion, are willing to let you do anything you see fit. Clean your patient well, not forgetting that an eclamptic patient is more liable to infection. Put her under chloroform, clear under, until there is complete relaxation. The os will be found dilated enough to insert one or two fingers—work them in—then your thumb. A contraction will probably begin. Take out your thumb, even another finger. It will do no good to try to dilate against the contractions, and you will use up all the strength of your hand. When the contraction ceases, begin again, gradually dilating, using the hands alternately if one gives out, removing the fingers when the contractions come on, until the head will engage. Take away the chloroform. Stretch the perineum, so that there will be no delay

nor tears when the head reaches it—the contractions will be rapid and hard. Put on your forceps at the earliest possible moment, and, if the Lord is willing, a half-hour or three-quarters at the most will see mother and child safe and you tired out and wringing wet. If the mother is not strong and robust, such as we have in our vicinity, version might be the better practice. But mind you, your work is only half done, and right here is the important part of you treatment. Let the patient flow — the more, within reason, the better, for each drop contains its share of the poison. Replace the blood lost with normal salt solution. Nonsense, you say? I tell you it is the most rational treatment there is to-day. Why? The blood is carrying a certain percentage of poison, so large it has caused a convulsion. The percentage in the blood would be the same no matter how great the hemorrhage following birth. By diluting it you lower the percentage of poison, lessen the irritability of the nervous system and allow the body to assume the normal condition. If you do not care to do this by hypodermoclysis, the repeated injection of warm normal salt solution into the bowels every one to two hours will have the same effect, only not quite so rapid in its action. This last is a procedure I insist upon if there has been any symptom of kidney irritation in the course of pregnancy. Better an ounce of prevention than a pound of cure—a few pints of water than one convulsion.

In the line of medicines, with the above procedure, nothing is needed. I would, however, the first thing on arriving, give a teaspoonful normal tincture veratrum. I do it because there is a physician in our section with a name for being a man in such conditions, who does nothing further than give such a dose and allows nature to bring on the birth naturally. My experience was not as satisfactory as I was led to believe it should be.

The giving of chloroform to shorten the attack seems to me to be impracticable, as during the attack they hold their breath to the limit of endurance; the tongue drops into the throat and the face shows cyanosis. The giving of morphine deadens the sensibilities, lessens thereby the reaction to irritability, and perhaps might carry them over an attack. The bowels should be moved as quickly and thoroughly as possible. The veratrum causes profuse diaphoresis, but if it should not, hot packs are indicated.

With the treatment outlined above, you are doing something from the time you arrive until you leave. The birth is soon over with, the liability to more convulsions is *nil*, there is less nervous tension or shock, the relaxation due to the chloroform leaves but little sense of fatigue due to the muscular effort and strain. The loss of blood being compensated for by the normal salt solution, there is not the weakness generally felt from hemorrhage. The whole system is flushed out, thus leaving the patient in the best possible condition.

The after-treatment will be symptomatic. Take the baby from the breast and raise it on a milk or cream mixture or on some of the foods. It will thrive better and gives the mother a better chance to pick up quickly. Pay proper attention to the breasts, that they may give no trouble. Restrict the diet. Examine the urine regularly. Build up your patient with tonics,

changing occasionally as they tire of them, and in alternate months push arsenic.

HYOSCYAMUS.

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This agent is employed by all schools of drug therapy with a degree of unity as to results, and for similar ideas of pathological states not usually accorded many others.

All must concede that its action is through the cerebro-spinal centers, upon which it has a marked influence compatible with dosage and personal idiosyncrasy. Physiologically, it resembles somewhat several drugs, notably opium, belladonna and stramonium, inducing, as with the latter two, a flushing of the capillaries, dryness of the throat, dilated pupils, together with a stimulant action upon the intestines, but differs in its analgesic and hypnotic powers over them. With opium it compares favorably in somniferous and cerebral effects, differing, however, in not interrupting the secretions, and possessing opposite pupillary action. Its hypnotic intensity is not equal to opium, neither is it applicable to the same condition, but qualifies where excitation is present rather than somnolence and dull apathy. In pediatry it far surpasses opium, owing to the susceptibility and notorious baneful influence opiates have over children.

Assuming that causes extrinsic, incident to our age of fast living, mental worry, anxiety, over-ambition; and intrinsic, to abuse of our internal mechanism, through excesses and faulty observations or care of nature's physiological laws, are a growing and prolific cause of organic and sympathetic functional nervous diseases, it follows that whatever treatment which will relax and subdue nervous tension and impulses becomes a boon to humanity. In this respect we would class hyoscyamus, performing a rôle in drug therapy that is difficult to equal from any other source. In its application it is not the remedy for that nervous state dependent upon a congestive feature of capillary stasis of the cerebral centers; but where hyperemia and busy delirium are present, the cerebral anemia which it occasions is the desideratum sought to induce quietude and sleep; it is therefore a sedative to the nervous system under conditions of exalted action from its central mass, besides an analgesic to its terminal nerve fibers. In its uses therapeutically it is not resorted to with the frequency it deserves, and few agents of the hypnotic class can equal hyoscyamus for the calmative and nerve-soothing influence which it possesses, together with its remarkable freedom from deleterious after-effects. It obtains special control over nerve excitation through the great sympathetic, therefore is applicable in many neurotic diseases for which it most frequently is used.

To name the diseases over which hyoscyamus is curatively exhibited would be experimental therapeutics; but to classify conditions expresses its usefulness in a positive way, of which the most direct prominent symptomatology are those cases showing a morbid and exaggerated nervous excitation

and unrest, with mental perturbation of fanciful or imaginative ideas, a morbid vigilance, a spasmodic impulse or an excessive sensitiveness from an hyperemic state. With qualifications in meeting a train of symptoms as enumerated, it can be readily appreciated that its medicinal usages may be extensively employed. In the fact that nervous elements predominate with many of our patients, and unless we assume control of this all-important condition our auxiliary treatment for associated pathologic states will be fruitless.

In the delirium of fevers, provided it be not that due to nervous atony; in the various acute dementias from shock or other causes; in the numerous hysterical manifestations and in the spasmodic affections, hyoscyamus can frequently be called in requisition for its feature of subduing excitement, sleeplessness and irritability usually present, besides overcoming vasomotor spasm, thus equalizing the blood supply and favoring a return to normal equilibrium.

In irritable states of the urinary organs, especially the bladder, it possesses a controlling influence to subdue pain, vesical irritability or tenesmus, either by its analgesic effects upon terminal nerve fibers or by lessening the hyperesthesia, and possibly from the fact that hyoscyamus is not decomposed by renal filtration in its elimination.

Apart from its medicinal uses internally, the drug in the form of an extract is not without virtues locally applied to mucous surfaces, and as such, when incorporated with an unctuous base, either singly or in combination with other drugs, it affords material relief as an anodyne in painful conditions at the lower openings of the body.

With reference to dosage of hyoscyamus, the amount will vary owing to individual. Personally, I am partial to Lloyd's specific medicines for universal use. With children I prescribe from a fraction of a drop to one drop, repeated half-hourly or hourly until control of the excited nervous system is obtained. In cystitis or painful urinary states, ten-drop doses are given three times daily. I am inclined to believe that, owing to rapid elimination of the drug, smaller doses, more frequently given for continued effect, have an advantage over the larger ones at longer intervals. Speaking in a general way, the use of hyoscyamus could and should supplant the use of other agents far more injurious to nature. It often could displace the handy and ever-ready hypodermic syringe, loaded with a dangerous habit-forming drug. The fault is entirely the physician's, who consults his own convenience rather than the future comfort of his patient.

CHRONIC CATARRHAL GASTRO-ENTERITIS.

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A chronic catarrhal inflammation of the gastric and intestinal mucosa. Usually these conditions are spoken of separately, but in practice both are so frequently present that I will discuss them in this combination.

The morbid anatomy of the gastric mucosa is yellowish-gray, slate-gray or red in color. It is thickened and wrinkled in appearance, and is covered with a tenacious mucus, mingled with detached epithelium. The submucosa and muscular coats are at times hypertrophied or atrophied. The morbid lesions of intestinal catarrh do not differ essentially from those met with in a catarrhal inflammation of any other mucous membrane. First the mucosa is swollen and dry, followed by a copious secretion of mucus. The color varies from a dark venous red to a pale grayish-red tint. Not caring to dwell upon the pathology, I have given only a few of the essential points.

In regard to the etiology, the same irritants that produce acute gastric catarrh will, if long continued, produce a chronic condition. Errors of diet, referring to its variety and preparation; eating at irregular intervals or with undue haste; imperfect mastication; over-loading the stomach, and diseases of the mouth and teeth, are the principal causes. Others are cold drinks in excess, especially when overheated; the free use of tea and coffee; the immoderate use of alcoholic beverages, or of tobacco, particularly those who chew it, and the prolonged use of certain drugs. These same conditions are etiological factors of the intestinal complications, including an excess or a lack of biliary secretion. Two functions of the bile are important here—that is, its antiseptic properties and its power to stimulate peristalsis. Fecal accumulations, notably scybala, may be a cause of a subacute catarrh. Irritation by the extension of adjacent diseased organs may be productive of the disease.

The symptoms of chronic gastro-enteritis develop slowly. Some complain of anorexia, while others at times may have a voracious appetite. There is a feeling of fullness or pressure in the epigastric region after eating. Occasionally cardialgia or heartburn is complained of, which occurs generally at the height of digestion. Belching of gas is a frequent symptom, and pyrosis. A bitter or tasteless fluid may be regurgitated into the mouth. The stomach may be distended with gases. Nausea is generally present, and sometimes vomiting. This consists chiefly of slimy mucus and sometimes of partly digested food of the previous day, especially if the stomach is dilated. The patient may complain of palpitation and shortness of breath—more correctly speaking, dyspnea. The pulse is small and sometimes slow. There is insomnia, lack of energy, the patient tiring easily upon the least exertion. Dizziness may be present, and at times attacks of syncope. Sensation of fear, depression, melancholia or hypochondriasis occur in some cases. The tongue may be covered with a thick, gray, moist fur, or it may be broad and pallid in cases of longer standing, while the more recent ones may have the red tongue, or elongated with reddened tips and edges and enlarged papillæ. Odor of the breath is present when there is disease of the mouth and teeth, or atony of the stomach where there is fermentation. Headache is quite common, with a desire to yawn. The patient's spirits may be good, and he may preserve his weight for some time. In advance cases he may become emaciated, have cold hands and feet, and will chill easily. If hyperchlorhydria exists, the patient complains of a disagreeable

sensation or an uneasy feeling about one to three hours after a meal. It may be a feeling of fullness, pressure, heat, or tingling in the epigastric region. In severe cases pain may be marked, with acid belching. Vomiting may occur during the height of a cardialgic attack. The ejecta is very acid and burning, and after its occurrence relief as a rule results.

The most prominent intestinal symptoms are bloating of the abdomen, which may be relieved by the passage of flatus, and this tendency gives rise to considerable annoyance. Flatulence may become so severe as to cause shortness of breath, an asthmatic attack, palpitation, cerebral congestion and vertigo, all of which are somewhat alleviated by belching of gas. Borborygmi are often present. One condition which is frequently overlooked is the accumulation of mucoid exudates and fecal matter, which become adherent to the lumen of the bowel in different areas of the small intestines. This interferes with the peristaltic action of the bowels, and a various number of reflexes result from this condition.

To discern these conditions, the patient should be placed in the horizontal position with the knees flexed, thereby taking the tension off the abdominal muscles. In palpating the abdomen, the tips of the fingers are used, gently pressing deep into the region of the small intestines. If the fecal accumulations, as above named, are present, they will be found as hard lumps. The patient will complain of tenderness on pressure, which will sometimes cause nausea.

There may be a chronic catarrhal colitis, with tenderness along the ascending colon, with the sensation of a hard mass (scybalum) which yields to the examining finger. Tympanites may be present, giving a splashing sound from gas and liquid. The same may be true over the descending colon, sigmoid flexure or transverse colon. One of the diagnostic symptoms of chronic intestinal catarrh is the abnormal character of the stool—the presence of mucus. The bowel movements are irregular; in one set of cases there is marked constipation, a solid movement occurs only once every two or three days. This is usually induced by a cathartic, and the feces are hard. In others constipation and diarrhea alternate. There may be hard movements for several days, and these followed by five or six thin, mushy movements, mixed with mucus and accompanied by severe griping pains. In some instances the evacuations will be fairly normal for several days, and then diarrheal movements will occur, and again following this, constipation.

The first step to be taken in the treatment is to obtain the confidence of the patient. Impress him with the fact that you thoroughly understand his case, and that he must not expect immediate recovery. He must know that diet is one of the important parts of the treatment.

A thorough cleansing of the gastro-intestinal tract is absolutely necessary before the general line of medicine is instituted. This is my method: When there is much mucus and fecal accumulations in the intestinal tract, I administer a tablespoonful of olive oil three times a day, preferably between the usual meal times, and upon retiring. The oil may be taken alone, in hot malted milk, or in any vehicle that the stomach will tolerate. The

very best grade of olive oil must be used. On each alternate night the patient is given a high enema. After passing the colon-tube, inject, with a piston syringe, three or four ounces of olive oil, followed by as much warm water as he can comfortably stand. In introducing the tube, a little of the oil injected now and then will facilitate its passage and protect the walls of the intestine. This treatment should be continued until the intestines are thoroughly cleansed. Sometimes it requires from two to three weeks. A liquid diet should be adhered to as closely as possible to prevent fecal accumulation. Milk should be avoided for the same reason. Beef, mutton, squab, oyster and clam broths are allowable. A majority of patients may take malted milk, while in some it increases flatulency. A small piece of dry buttered toast, once or twice a day, stimulates the salivary glands and appeases the appetite. The broths may be given every three hours if the patient suffers from hunger, which is very annoying in some. As the bowels become cleansed, the diet may be increased somewhat—namely, wheat or graham bread that is twenty-four hours old, the broth thickened with a little thoroughly-cooked rice, a piece of broiled steak chewed but not swallowed, and an egg once a day, though some cannot tolerate the latter.

In applying the medicinal remedies during this step, those must be employed that allay irritation. Such remedies as nux vomica, ipecac, matricaria, dioscorea, bismuth subnitrate, nepeta cataria, magnesium phosphate, and others, according to the specific indications.

After the bowels are thoroughly cleansed, the diet should still be carefully selected, excluding any article of food that gives distress. In my experience I have found that such articles as rice, eggs, beef—preferably broiled, roasted or scraped—peas, asparagus or pineapple, prunes, and blackberry or raspberry juices can be tolerated at this time. Chicken in any form, vegetables or fruit containing much acid, and milk, are very bad.

Now the patient is ready for general treatment and stronger tonics. If there is a deficiency of hydrochloric acid, characterized by the red tongue, the acid should be prescribed, with such remedies as hydrastis, nux vomica, ipecac and xanthoxylum. Elixir lactopeptin or elixir lactated pepsin makes a very good vehicle. This is given within twenty minutes after meals.

Great care must be exercised in prescribing the dose of some of the tonics, especially hydrastis. It is one of our chief remedies in catarrhal conditions of mucous membranes, yet it becomes an irritant and is regurgitated if given in too large doses. Prescribe the small doses first, and increase as the stomach will tolerate it. Tincture of chloride of iron is important as indicated also by the red tongue, and is given in the usual dosage before meals. Other tonics to be thought of along this course of treatment are panax, gentiana, columba, cinchona, cinchonidia sulphate. If there is hyperacidity (hyperchlorhydria), alkalines should be used to neutralize. My favorite remedies are bicarbonate of soda, French bismuth and papoid in combination, given an hour or an hour and a half after meals. If stomach lavage is necessary, it can be given along with this line of treatment until the above-named condition is corrected, then the tonic treatment can be in-

stituted. To relieve the annoying flatulency which is always more or less present in this class of patients, such remedies as dioscorea, matricaria, asclepias, nepeta, tincture of cardamon, turpentine and cajaput are indispensable.

The treatment of such conditions that may arise, as disturbances of the nervous system, cerebral hyperemia, insomnia, palpitation, etc., can be met according to the specific indications of the many remedies which our materia medica affords.

In conclusion I would say, proper bathing, moderate exercise, cheerful surroundings, fresh air and sunshine must not be forgotten.

DISEASES OF THE MEMBRANA TYMPANI, WITH SPECIAL REFERENCE TO ACUTE AND CHRONIC OTITIS MEDIA.

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The normal tympanic membrane has a gray or grayish-blue look. It has been called slate-colored, or like a piece of parchment. It is semi-transparent. Through it may be seen the handle of the malleus and occasionally the incus.

From the tip of the handle of the malleus—the umbo—stretching downward and forward is a triangular spot, also called the cone of light. At the upper end of the handle of the malleus is seen a nipple-like projection, the short process of the malleus, and above the short process is a small triangular space, looser than the rest of the membrane, known as Shrapnell's membrane.

The drum membrane slopes from above and behind, downward and forward. The anterior wall of the external auditory canal is longer than the posterior, and the floor is longer than the roof, a fact which should always be remembered when attempting to remove a foreign body from the external meatus.

The membrana tympani receives the sound waves and conveys them to the chain of ossicles, and thence to the labyrinth. However, the drum membrane is not absolutely essential to fair hearing, which is shown by the fact that good hearing is often present when the membrane is perforated or entirely absent.

Injuries to the tympanic membrane are comparatively rare; nevertheless, when they do occur, it is well to know the proper procedure for treating the same. Sometimes the membrane is injured by attempts to remove cerumen from the meatus with a pin, toothpick or earspoon. Then again injuries may be due to violent compression of the air in the meatus, as by a blow on the ear with the palm of the hand, or it may be due to concussion of the atmosphere during a violent explosion. In view of the familiar occurrence of windows being blown inward by an explosion, it will be readily appreciated how the membrana tympani might be ruptured by such an atmospheric disturbance. In most cases of injury to the drum membrane, no treatment

should be given other than to introduce a cotton tampon into the meatus to prevent infection being carried into the middle ear. If marked inflammatory symptoms develop, leeches should be applied to the mastoid region and in front of the tragus, to aid in promoting the reaction of inflammation and thus aid in destroying the bacteria. The main point to keep in mind is to prevent infection of the middle ear.

Myringitis—Inflammation of the Drum Membrane.—The membrane is usually affected in its upper part, along the handle of the malleus. The membrane assumes a yellowish-red color. The handle of the malleus is soon lost to view, owing to the intense congestion and infiltration. The epidermic layer may become separated from the fibrous or middle layer by a serous fluid accumulating between them. Blisters or blebs may form. Abscess of the membrane sometimes occurs in the course of an acute otitis media, but is confined to the deep layers, while the blisters are generally under the outer or dermic layer. The chief diagnostic point is to be found in the slight disturbance of hearing. The appearance is much like acute suppurative otitis media, and the ear appears to be seriously involved, while the hearing is but slightly involved. Moreover, the membrane bulges much more markedly into the canal.

In otitis media the treatment is general and local. The general treatment should consist of the iodides and cod-liver oil, if the patient is a subject of any of the dyscrasias. Saline cathartics should also be administered. The local treatment should consist of applying natural or artificial leeches to the mastoid process, to increase the hyperemia and leucocytosis, *i.e.*, the reaction of inflammation. The instillation of solutions into the ear is of doubtful utility. The best combination I ever tried is the following: Cocaine hydrochlorate, menthol and carbolic acid in equal quantities, with just enough glycerine to dissolve the cocaine and menthol. One or two drops will usually ease the pain and at the same time anesthetize the parts and prepare them for the opening of the abscess in the membrane if it is present. The remedy should be used with some caution, as it can be absorbed in sufficient quantity to cause toxic symptoms. Alcohol instilled into the ear will readily remove it, if it should be necessary. In those cases complicated by abscess, care should be used in incising the membrane not to perforate the inner layer, as infection might be carried to the middle ear. Incision of the drum membrane in the treatment of acute inflammation of the middle ear is coming into vogue much more than formerly. Clinical experience has shown that when the membrane is incised at the proper time, the attack is aborted.

The presence of the inflammatory exudate in the cavum tympani is a source of irritation because of its chemical composition, and on account of the pressure exerted on the lining membrane of the tympanum. It is therefore very important that free drainage be established as soon as possible. Formerly it was recommended that a simple puncture be made in the drumhead. I cannot recommend so small an incision. A free incision is attended by much better and more immediate results. Don't be timid about making

a free incision; no harm will result, for it generally closes before it is desirable that it should do so. Don't wait until there is bulging of the drum, but make an incision whenever there is any marked redness and thickening. If the incision is delayed until bulging occurs, serious harm may be done. The incision increases hyperemia and leucocytosis, and raises the resistance of the tissue and destroys the micro-organisms. The most suitable place for the incision is the posterior inferior quadrant of the membrane; it is also the most accessible part of the membrane, on account of the curvature of the anterior wall of the external auditory meatus. The best instrument is a small curved bistoury, and in passing the knife through the membrane it should be remembered that the inner wall of the middle ear is only about one-sixth to one-twelfth of an inch internal to the membrane. The incision should be V-shaped to get free drainage.

After the incision is made, the use of the syringe with any kind of solution is not allowable, as infection may thereby be carried into the tympanic cavity. However, if the secretions are so thick and tenacious that they will not discharge through the opening, a few drops of a solution of boric acid or bicarbonate of soda may be dropped into the ear to liquefy it. One should not wait for pronounced bulging to incise the membrane, persistent pain, without bulging, being ample justification for an incision.

One wants to pay especial attention to the epipharynx and Eustachian tube in treating all diseases of the internal ear. The walls of both the Eustachian tube and the middle ear are lined with ciliated epithelium, which have a wave-like motion which carry the secretions up to the opening and thence down the tube to the epipharynx. The walls of the Eustachian tubes are normally approximated, and open to let the air into the middle ear at each act of deglutition and yawning. The palatal muscles also have a great deal of control over the patency of the tubes; hence it is very important that they be free to act to their full capacity. Repeated inflammation of the tonsils, or the presence of adenoids, gives rise to adhesions and degenerative changes in the palatal muscles, and their action on the tubes is impaired; hence the ventilation of the tympanic cavity cannot take place. The oxygen that is in the air in the middle ear is soon absorbed by the surrounding tissues, rarefaction takes place, causing more pressure outside the middle ear than inside, which results in the drum-head being driven in, which causes more or less deafness and tinnitus. The most prominent symptom in acute otitis media is pain and should receive our attention at once. A mixture of carbolic acid, glycerine and cocaine in equal parts dropped into the external meatus will afford relief in a short time. Dr. Andrews, of Chicago, uses a 12 per cent. solution of carbolic acid in glycerine. The most prompt remedy is the fumes of chloroform blown into the ear. This may be done by placing a small bit of cotton into the bowl of a pipe, upon which a few drops of chloroform has been dropped. The stem of the pipe is placed to the meatus, while the bowl is placed over the mouth of the operator. The fumes blown gently into the meatus will promptly relieve in a few moments. Sometimes all our efforts fail to abort the disease in acute ear troubles, and if the

antrum and mastoid cells become affected we may be forced to resort to the knife.

In treating acute mastoiditis it is taken for granted that the usual therapeutic measures, as the application of leeches over the mastoid; the instillation of a 12 per cent. solution of carbolic acid in glycerine; free incision of the drum membrane; ice over the mastoid process, alternated with heat, etc., have been tried, before resorting to the mallet and chisel. If the operation is done at the right time, and before destructive changes have taken place, it is a comparatively simple procedure, which almost always results in a permanent cure. It is only now and then that the radical mastoid operation is indicated. When I can choose, I always perform what Dr. Ballenger calls the meato-mastoid operation. It is a modified radical mastoid operation, though it does not include the exposure of the middle ear contents. It does, however, include the plastic meatal flaps and the removal of the posterior bony wall of the meatus down to the annulus tympanicus. The post-auricular wall is removed, as in the radical operation, and the dressing is applied through the concho-meatal wound. The advantages of this operation is that it preserves the function of the middle ear contents and the drum membrane. The hearing is improved, whereas, in the radical operation, the hearing is generally destroyed or greatly impaired. The principle upon which the operation is based is, that if ample drainage is provided for, the infectious process will subside. The removal of the posterior meatal wall, and the retraction of the meatal flaps into the mastoid wound provide for this drainage, thus the stress is removed from the Eustachian tube. The tube, when relieved of the secretions from the antrum and mastoid cells, is generally able to drain the cavum tympani, even when chronically infected. As a result the resistance of the diseased membrane, periosteum and bone is increased and the infection subsides. I have not the space to give the technique of this operation in this paper, but will do so some time in the near future.

THERAPEUTICS OF LOBELIA.

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Lobelia is the specific remedy for the specific condition of embarrassed and impeded respiration. In large or medium sized dosage it is a general relaxant, acting more specifically, however, upon the respiratory nervous system, adequately controlling irritable and exalted nerve conditions of same. In weak and dilated hearts, lobelia in large doses is contraindicated, but the small stimulant dose of one-fourth to one drop, repeated every two or three hours, will sometimes work wonders in relieving the concomitant dyspnea. In acute paroxysms of asthma I often initiate the treatment by giving one drachm of Lloyd's specific lobelia at a dose; this invariably relieves the oppressed breathing and by its relaxant influence liquifies the previously tenacious and irritatingly scanty mucous, so that it can be expelled

with ease and satisfying comfort. The lobelia is then continued in five-drop doses every thirty or sixty minutes, and finally given every two or three hours until complete relief is attained. Nausea rarely supervenes upon such dosage.

In eclampsia, infantile or otherwise, the usually concomitant impeded and disordered respiration is overcome by ten to sixty minim doses of Lloyd's hypodermic lobelia; this preparation gives rise to no more skin irritation than does a hypo of morphine. Where an enema is indicated, and it usually is in eclampsia infantum, two drachms of Lloyd's specific medicine lobelia, added to the half pint of hot water, serves the double purpose of removing offending fecal debris and as a relaxant.

Lloyd's hypodermic lobelia, I have repeatedly used in doses of one-half and one drachm, repeated in twelve hours, then every twenty-four hours for possibly two or three days, in diphtheria with most excellent results, the only other medication being echinacea and a mixture of sulphur and sulphurous acid. I have seen cases of diphtheria wherein the tonsils kissed one another, the exudate being thoroughly distributed over tonsils, uvula, and soft palate, and after three days, under the above treatment alone, not a vestige of membrane could be discerned; the patient often spitting up large chunks of membrane a few hours after the first hypodermic of lobelia and almost invariably after the second one. Nausea rarely, if ever, follows the hypodermic use of lobelia; in fact, my experience demonstrates that it takes quite a generous dose of lobelia to bring on emesis, however administered, the usual conditions for which lobelia is prescribed apparently counteracting its emetic properties.

As an emetic, a one drachm or two drachm dose of specific medicine lobelia, administered in a cupful of warm water, will usually clear out the stomach from stem to stern; so relaxant is its influence that the patient usually falls fast asleep after emesis has ceased, the sleep being so profound as to give rise to suspicion in the minds of the friends that morphine has been given.

In chronic bronchitis, five drop doses, every two or three hours, will give good results. In gallstone colic, nephritic colic, etc., a rectal enema of specific medicine lobelia, one ounce in one pint of hot water, administered high, will inevitably relax, giving as much relief and subsequent sleep in most cases as would the usually inevitable morphine. Angina pectoris is quickly relieved by one drachm hypodermically of lobelia, or, if the patient can swallow, by the same dose given per mouth.

During and after anesthesia, when the respiration becomes impeded or even entirely arrested, hypodermic lobelia, one-half to one drachm, will be more rationally indicated and give quicker results than the usual, but not so rationally indicated, hypodermic of strychnine, *et al.* In hysteria, hystero-epilepsy and other exalted and irritable nerve manifestations, hypodermic lobelia or specific medicine, one drachm per mouth, will quickly substitute nerve relaxation in place of nerve tension and thereby effectually dispose and prevent a speedy return of such conditions. When nerve ten-

sion is in evidence and gelsemium the drug indicated, but failing in an emergency to have said drug at hand, lobelia given hypodermically will often fill the bill, which it might not so readily do if administered per mouth.

FLAT FOOT.

LILLIAN J. BULLOCK, M.D., MANCHESTER, N. H.

Most shoe dealers of the present day are stocked with arch supports of various patterns, which they place inside the shoes of a goodly proportion of their patrons who are suffering from weakened or fallen arches. Most of these ready made supports—which are naturally ill-fitting—give no relief and are soon discarded. To some feet they are positively injurious and cannot be tolerated, while a certain proportion of people secure a greater or less degree of comfort from the supports and continue to wear them.

The fitting of such supports belongs legitimately to the medical profession, and it behooves us to give the subject much more careful attention than is given it by the vast majority of physicians to-day. A plaster cast should be taken of each and every suffering foot, and upon that cast a plate made which will exactly fit each case. Then, and not until then, does the patient experience the relief to which he or she is entitled. But it is not the *relief* of this condition, so much as the *cause* of the growing evil, to which we desire to call your attention to-day.

If the subject of preventive medicine is as important as we all believe it to be, then, assuredly, the subject of the prevention of the need of crutches of all kinds should have its share of our attention.

The cause of flat foot is easily discovered if we consider for a moment the structure of the skeleton of the human foot, and then glance at the shape of the fashionable shoe into which that foot is crowded. Dr. A. F. Wheat, of Manchester, N.H., has made an exhaustive study of this subject, and has taken a large number of X-ray photographs of the human foot. He makes the rather startling statement that not a single person above twenty years of age has a normal foot, and anyone who doubts his assertion is invited to view his collection of photographs and be convinced.

Now, let me briefly call your attention to the structure of the normal foot, which is really a three-point suspension or bearing, with two arches. Beginning from behind, the first point is the heel, which forms a broad angle of a triangle. The outside point is the distal ends of the fourth and fifth tarsal bones with the corresponding metatarsals. The inside point is the distal end of the first tarsal, together with the great toe. Between each of these points there is an arch. Now, displace any one of these points of suspension or of bearing and at once the corresponding arch is weakened. These points are held in place by supporting structures, and displacement of any point stretches and weakens the supports, which nobly resist as long as possible, and then permits, after the limit of toleration is reached, a displacement of the bearing point and a consequent sagging of the arch.

Now what effect has the modern shoe on this three-point structure? First, the third point mentioned, that of the great toe, has rather a longer leverage than the others, and, as a result, less force is needed for its displacement. Hence, any crowding to one side of this point is attended by more severe results. In the modern shoe, where the inside edge is inclined inward to a more or less sharp point, dependent on the style of the shoe, the great toe is crowded towards the center line of the foot, which, of course, weakens this point of support. But a straight inside edge is not all that is needed to secure a proper shoe. If the shoe is too narrow the outside point of support will be crowded towards the center with a consequent weakening of that point. Furthermore, a too short toe, even if broad enough, throws either or both of these points out of place, for the toes have to curl up, and, in order to curl up, they tend to point towards the center line.

Coming to the third point of suspension or bearing, the heel, we find less trouble here, though there is enough to warrant a careful study of the effects of the modern shoe on it. Displacements of the heel are generally in regard to height, but its situation, shape, width and length, together with its height, are all of importance. Normally it should be flat, low, broad, and extend from well under the long arch of the foot to the posterior end of the os calcis. The farther forward the shoe heel is, the more strain on the tendo Achillis and on the two anterior points. The narrower the shoe heel, the more strain on the lateral ligaments of the ankle joint and on the two arches of the foot. The higher the heel the more strain on the anterior arch, both from above and below. Any deviation of the third point of suspension or bearing affects the knee, the pelvis and the spine, with consequent trouble in these bones. The same effect is occasionally noted with deviation of the two anterior points, though to a less marked degree.

Now, what has all this to do with the Section of Pediatrics? Just this: In order to prevent the deformity of the foot, with all its consequent sufferings, we must begin in babyhood and see to it that they have properly fitted and properly shaped shoes, and then follow this supervision all the way through life. The responsibility rests upon the general practitioner, and we are not excusable if we neglect to properly instruct our patients in this matter. To begin with, no child should be put into shoes until walking is well established. When the baby begins its attempts at walking, a piece of flat leather, just as large as the foot, sewed to the bottom of the stocking or sock, will protect the bottom of the tender feet. After walking is well established, almost any of the baby shoes may be worn, always taking care that they are big enough, and that they allow proper expansion of the toes. Going barefoot is all right, and this custom does not, notwithstanding various opinions to the contrary, cause large feet—that is, feet out of proportion to the body. After babyhood there is little difficulty about shoes. The shops are well supplied with properly-shaped shoes, and most parents purchase them, until about the high school age, when vanity asserts itself, and

the young people demand and receive the fashionable shoe, with its vicious pointed toe and iniquitous high heel.

The foundations of the arches are displaced, and by and by, when Dame Nature can resist no longer, the arches sag, and flat-foot results. We physicians ought to create a demand for the sensible orthopedic shoe, and hammer away on this subject until we make people see that the foot in a natural-shaped shoe is far more graceful than any deformity.

ECHINACEA.

W. N. Holmes, M.D., Nashville, Tenn.

Since much has been said and written in favor of echinacea by physicians who use it and are acquainted with its value, and a little has been said against it by "authorities" who do not use it, and are not acquainted with its value, I feel it my duty to give my experience with this invaluable remedy.

If I were asked the question as to which drug of the materia medica I valued most highly, in a diversified practice as well as in surgery, my immediate reply would be, echinacea. It meets the demands more readily and more generally in pathologic conditions than any other agent. According to the old methods of prescribing a remedy, it is "sedative, tonic, stimulant, alterative, calmative, anesthetic, soporific and antiseptic." Such adjectives, however, are not allowable under the expressive methods of the advocates of specific medication. I therefore discard such expressions, and speak of echinacea as antiseptic and depurant, transforming pathologic depravations into healthy physiologic activities.

The processes of animal life are based upon normal assimilation and elimination. The arrest of either, if prolonged, results in disease expression. Disturbed assimilation results in abnormal elimination and consequent physiological depravation. If assimilation remains normal, elimination being arrested, there is greater depravation, hence antiseptics and depurants, such as echinacea, are useful in many different disease expressions where these conditions prevail. This remedy renders depraved or toxic molecules and products harmless until they can be excreted as waste substances. It also stimulates cellular activity and prevents abnormal tendencies.

Inasmuch as the great function of echinacea is as a corrector of systemic discords, and since I know of no other common name for the plant than that by which it is known to the people of Texas, *scurvy root,* I would suggest that it might very properly be called *Samson root* or *Hercules root.*

If an affection be local, echinacea need be applied only locally, although it is generally fortified by internal administration. If the affection be systemic, echinacea must be given internally, in which direction there is nothing equal to it. For local inflammation, especially such inflammatory disturbances as erysipelas, carbuncles, severe contusions, etc., echinacea should be administered internally as well as applied externally, regardless of any other treatment.

It would require a large volume to detail my experience with echinacea in the treatment of cases that have come under my personal charge. I will, however, give a few from my very recent practice, with the statement that the results are not exceptions to those that during my active professional experience have continually occurred during the past ten years or more, for I have been a constant user of echinacea since its introduction to the medical profession.

CASE I.—Mr. B., engaged in one of our large wholesale houses, stumbled over a truck in a dark corridor, peeling the skin from the anterior tibial surface and instep. That night and the following day he suffered severe pain, accompanied with redness and swelling. The following night I was called, and on examination found vesicles thickly covering the surface bordering the wound, some of which already contained pus. Red streaks were running up the thigh. Temperature 103.5°, headache, backache and general discomfort. There was no question in my mind as to the certainty of a case of erysipelas. The patient called it blood poison. I said, "Yes, it is blood poison." I had with me four ounces Lloyd's specific medicine echinacea, gauze and absorbent lint. I saturated a strip of lint, full thickness of the 5 x 11 inch roll, with the echinacea, covering the entire surface of the wound and vesicles, and wrapped with gauze bandage. I prescribed echinacea ʒiij, water ʒiv, giving two teaspoonful doses every hour, until my return. I called again twenty-four hours after, and found my patient sitting up, fever all gone, vesicles dried up, redness and swelling almost entirely disappeared. The patient was very solicitous to know what it was I put on the foot and leg. I told him that it was medicine. I made one more very light application, and continued the internal medicine, teaspoonful every three hours. Twenty-four hours later I returned to find every symptom of erysipelas gone, and the patient ready to return to the store the next day.

CASE II.—Six days ago, the superintendent of English in the Nashville public schools called me up at 9 o'clock at night. I found him with instep of right foot hot, red and swollen, from an abrasion made by a tight shoestring. His temperature was 102.3° F. Whenever air struck him he would go into heavy rigors. Red streaks were running up the leg nearly to the knee. I saw that I had a case of incipient erysipelas, and at once applied cotton saturated with Lloyd's specific medicine echinacea. I told him that the pain, which was intense, would subside in a few moments, and that he would have a good night's rest, which he did. I called next morning and found the fever abated, swelling and pain gone, with every indication of quick recovery. I reapplied the echinacea, but gave no internal treatment whatever. The following day he went about his work as if nothing had happened.

CASE III.—Three days ago I was called to the bedside of Mrs. W., wife of the general manager of one of our large retail stores. Found her with severe uterine pains, almost continuous. On investigation I found that a curettage had been performed eight days previous, by an inexperienced physician, who said that her trouble was endometritis, though the husband contended that she had aborted. One of our leading allopathic surgeons had preceded me by twenty-four hours, giving diagnosis of infection, and absolute necessity for hysterectomy, and that immediately, else the patient would die. She told him that she had already had seven operations performed, and would not consent to another. Through a friend I was called, and told her husband there was certainly infection, but I thought it came from the failure of the first doctor to remove the entire contents of the

uterus. Having placed her under an anesthetic, I removed a three months' placenta and much septic matter and prescribed as follows: ℞ Lloyd's specific medicine echinacea, ʒiij; Lloyd's specific medicine digitalis, gtt. xx; aqua, q. s. ad ℥iv. M. Sig. Teaspoonful every two hours.

While her fever was 104°, with pulse accelerated out of proportion to temperature, I found her this morning with normal temperature and pulse, and she asked if I would permit her to sit up, saying that she was tired of the bed.

The above character of cases I could continue for hours and days, and then not be through telling my full experience with echinacea as a never-failing remedy when used as an antiseptic. As an antidote to the poison of insects and bites of dogs, cats, reptiles and blue-gummed negroes, I will only say that nothing has as yet been recommended as an antidote that will in any way compare with echinacea as a local and internal treatment. I want nothing better, nor do I ever expect to find anything half as efficacious for treatment of poisonous bites and stings as Lloyd's specific medicine echinacea.

I remember treating, the same day, two boys who had been bitten by copperheads, one of the most poisonous of reptiles. I used specific medicine echinacea in both cases with phenomenally good results.

Since coming to Nashville (eight years ago) I had a severe siege of carbuncles on the back of my head and neck—thirteen different carbuncles of large size—unlucky number. A few of the first I had crucially incised and burned with carbolic acid, then applied cotton saturated with specific medicine echinacea. With the last I used echinacea alone, without the knife and acid, and they appeared to heal as rapidly as those I had cut. I have never seen a carbuncle do any harm when specific medicine echinacea was used, nor have I ever seen a person so afflicted who could not rest well at night under its application, so great are its anesthetic properties.

Cancers—epithelioma—yield very rapidly to the local and internal administration of echinacea. Carcinomas can be arrested, the odor destroyed, and the patient made comfortable under its use, and I believe that many cures have been and will be effected by its use in this most loathsome of all diseases. Camphorated cotton-seed oil, turpentine, chloroform and echinacea, properly mixed, make the best liniment I have ever used in sprains, contusions, swellings, pain, etc.

In conclusion I will state that the doctors who decry echinacea, and fail to give it a place among the very best therapeutic agents, are either blinded by prejudice or besotted with ignorance.

Since the foregoing was written, I have been treating a very large carbuncle, situated above the spine of the scapula, using nothing but pure Lloyd's specific medicine echinacea. The patient is special agent for the Hartford Fire Insurance Company. He is to-day in Chattanooga at work, without pain or discomfort. Will be entirely well in another week.

I use echinacea as surgical dressing more than any other agent. I regard it as a much safer remedy than iodoform, and certainly more pleasant to handle, to say nothing of the odor of the latter. I now never think of bichloride as a disinfectant. In preparing a field for operation, I use echa-

folta after scrubbing the parts with soap and water. I am now using specific medicine echinacea, one part, to two parts of warm water, as a dressing for fistula in ano. The patient, a very nervous lady on whom I operated three days ago, is delighted with the dressing, says it not only gives no pain while dressing the wound, but relieves all pain by its anesthetic effect.

Where echinacea most strongly appeals to me is in the treatment of carcinoma. It arrests the inroads on new tissue, it subdues all pain, gives absolute rest, and destroys all odor.

ECHINACEA.

Frank Webb, M.D., Bridgeport, Conn.

In taking up the subject of echinacea I do not think it is worth taking up your valuable time in giving its history or the description of this most valuable addition to our materia medica, for there is no physician here present who does not know both. But we should always insist on this, that the original discoverer of this drug was an Eclectic doctor. I for one, after years of study and use of this drug, cannot agree with the old school authorities who claim that it has no merit; on the contrary, I claim, and can prove my claim, that it has a decided merit.

In regard to the preparation of the drug used, I will say that I have used fluid extracts, mother tincture, powdered echinacea and specific medicine echinacea, and a non-alcoholic preparation called hypodermic echinacea, but of late years I have only used specific medicine echinacea or echafolta and hypodermic echinacea.

The best indications I give for its use is that state of the system that requires an anti-toxine, for echinacea is anti or against any toxines of whatever name that the system absorbs, the more malignant the condition the better it seems to act. Some therapeutists are governed by a certain color of the tongue, which is a very good indication, but of late I have in the internal administration of it been governed more by the odor of the breath and the slight rise of temperature, the restless and uneasy nervous condition that a toxic condition seems to produce.

As to the actual therapy, I have used it in typhoid fever, in erysipelas, in tonsillitis, in diphtheria, in spinal meningitis, in tuberculosis, in syphilis, in malarial fever, in boils, abscesses, carbuncles, mosquito bites and bee stings, and in wounds made by rusty instruments, both internally and externally, and hypodermically. The first use I ever made hypodermically was in a case of typhoid fever where I was called as a consultant. I saw from the condition of the patient that something had to be quickly done, as the whole system seemed to be in a state of collapse, the heart was on the point of collapse, the breath was hardly perceptible, the pulse gone, and the eyes set, the tongue protruding and black, the lips and gums covered with sordes. I had in my case echafolta, I quickly put ten drops in the same amount of sterile water and added two drops of specific medicine cactus,

and gave the patient a hypodermic. I sat down, expecting that death would ensue the shock of the drug to the system, but in less than five minutes the heart and pulse strengthened, the respiration came down and the patient opened his eyes. In half an hour I repeated the dose and again in half an hour I gave thirty drops of echafolta clear. The other doctor refused to have anything to do with what he called quackery, so I took up the case and for five days I gave the patient hypodermics of fifteen drops in the same amount of water, four times a day, and internally I put one-half ounce in four ounces of water, one drachm cactus, twenty drops baptisia, ordered hard cider, one tablespoonful to the glass of water, for a drink. Of the echafolta, cactus, baptisia water solution I gave one drachm every hour day and night. I discharged the case in twenty-one days, and have not had to prescribe for the patient since, until June 4 of this year, which is over eight years. That case taught me the value of echinacea hypodermically, and I have used it in many cases since. Where the system seems to be thoroughly poisoned through and through it will reduce the temperature quicker than any sedative I have ever used, as it so rapidly destroys the toxines, and in a manner that has as yet to be discovered eliminates them from the system.

In diphtheria, before I had learned to use lobelia, my main reliance was echinacea, and now sometimes I use it in conjunction with lobelia. My most brilliant results have been obtained with Luyties hypodermic echinacea in diphtheria and follicular tonsillitis. My great success with echinacea hypodermically is in abscesses. I had one case in particular of syphilitic abscesses, twenty-two in all, that after I had evacuated, refused to heal with a wet dressing of different strength echinacea and asepsin solutions. Finally the patient got uneasy and told me that if I did not do something for him some one else would, so I gave him four injections of five drops of echinacea in ten drops of sterile water around the abscesses, and much to my relief and the patient's satisfaction they began to granulate. I should say that I used internally specific medicine echinacea, thirty drops four times a day, and in sixteen days the patient was discharged. I have used it since in numerous cases with very quick results and in all cases with success.

In foul ulcers there is nothing equal to a wet dressing of echinacea and the hypodermic use of it around the edges. I have, to satisfy myself, used only the hypodermic around the edges without the internal or external use of the drug, and find that in many cases the result will be just as quick and lasting.

I have read a good deal about its use in snake bites and spider bites, but have been unable to verify it in my own practice, but in the stings of bees give one hypodermic of ten drops and it will give relief in a short time. The same is true in mosquito bites, where they raise great blotches, ten drops hypodermically will give immediate relief.

DISCUSSION.

DR. SINCLAIR: A farmer was knocked down and badly bitten and lacerated by an ugly hog. The next morning I was summoned and found him suffering greatly with the leg that had been bitten, which was badly swollen,

with twitching of the muscles and many of the indications of tetanus. I washed out the wound with a 50 per cent. solution of echinacea and gave him ten drop doses every hour for four days, after that ten drop doses every two hours. In twenty-four hours the swelling had nearly all gone, he complained of no pain and in less than a week was apparently as well as ever.

Dr. Bristol: Some years ago I was badly bitten by a dog and began to be nervous, and it seemed to me that I hardly knew what to do. I happened to have a bottle of echinacea with me and saturated a handkerchief with it. Very soon the nervousness entirely disappeared.

About four weeks ago I stepped on a nail and it went up into my foot and these same indications came upon me again. I immediately bound it up with echinacea and in less than half an hour had no soreness.

Dr. Mowry: I want to emphasize everything that has been said. I come from a State where we have all kinds of reptiles. There is nothing equal to echinacea in all of these troubles. I want also to speak of its use in carbuncles; it is a specific for that. There is no need of any man dying if he would use echinacea from the beginning. I also use it in varicose ulcers.

Dr. Church: I want to mention an instance in which echinacea proved exceedingly satisfactory. I was up in the northern part of Michigan, where I stayed with a farmer over night, or rather part of a night, for I was driven out about midnight. I found great blotches all over my neck, shoulders and arms, in fact my whole body, and I was in tremendous distress. I found I had been in a nest of bedbugs. To make a long story short, the application of echinacea gave me relief in three minutes.

Dr. Holmes: I want to speak of the use of echinacea in tetanus. I was called to see a boy who could not get his mouth open and appeared very rigid. I examined him and found he had tetanus. I learned that he had a sore on his leg. I used echinacea and gelsemium, and was very successful in bringing this boy out of his trouble. He had some stiffness for about a year, which usually follows, but no bad results. I used the remedies locally and internally.

Dr. Carson: I do not believe that echinacea will do everything, but I do believe that it is one of the best remedies that we have. I had typhoid fever in my own family and used echinacea from first to last. I have had some other experiences which make me believe that it is a valuable remedy. A cousin was stung with a honey-bee and died inside of ten minutes. A nephew, playing on the lawn soon after, was also stung with a bee. They put on bi-carbonate of soda for half an hour. They called me in shortly after and the boy was swelling up all over, his eyes were closed and he was covered with purple spots. I thought of echinacea and gave him one drachm in half glass of water, teaspoonful every five minutes. This did no good. I then applied it locally, and in about half an hour he was running about.

Another boy, older, was stung with some sort of an insect; they thought it was a spider. He walked to my office, but his face was so swollen that I hardly recognized him. I used echinacea and in about half an hour he went away whistling and feeling good.

When acne of the back does not respond to treatment, try a few applications of long strokes with the Paquelin cautery. The results are often excellent.—*American Journal of Surgery.*

THE HYGIENIC, DIETETIC AND MEDICINAL TREATMENT OF RACHITIS.

C. Edwin Miles, M.D., Boston, Mass.

A definite comprehension of the typical characteristics of rachitis is essential to the formation of a rational treatment of the disease. The consensus of opinion of the medical profession for a long time is that rachitis is a nutritional disease of childhood, consisting in a general impairment of the processes of normal growth, chiefly characterized by osteogenesis. It should be remembered that rachitis and scorbutus may exist simultaneously, indicating that the disease should be correctly diagnosticated.

THE HYGIENIC TREATMENT.

However young, the patient should have in favorable weather, much outdor life with exposure to the sunshine, should sleep in a well-ventilated room kept at a temperature not above 70° F.; the mattress should be made of hair, well filled, but not hard. This form of mattress should be used by all rachitic children until they have recovered from the disease. Feather beds should be prohibited at all ages. The infant and child should be handled with gentleness and never lifted to the upright position. It will rise of its own accord, when able to do so. It should be allowed to creep and roll upon a mat at its pleasure. Especial care should be taken that it does not stand erect until it does so unassisted, and then but for a brief time, while the bones are flexible. On alternate days the patient should have at a grateful temperature a salt water hand bath, and on the intervening days an inunction of pure cod liver oil. The reader esteems this inunction with the oil, and long continued, one of the most important remedies for rachitis.

THE DIETETIC TREATMENT.

This consists in eliminating the proprietary foods, and providing foods containing the necessary elements for normal nutrition of such kind and in such quantity as can be easily digested and assimilated. The infant should be given the mother's milk if normal, otherwise a wet nurse whose milk is of proper quantity and quality should be obtained. Failing in these, good cow's milk should be tried. Often the mixed milk from several cows will be well taken when the milk from one cow disagrees. Milk lacking in mineral ingredients or excess of casein may produce indigestion and lack of assimilation. On the eighth month, cream, broths with yolk of egg and meat juice may be fed once or twice during the day. These foods should be increased with advancing age and ability to digest and assimilate them.

MEDICAL TREATMENT.

At present it is not apparent that there is any known drug that exerts a specific remedial effect upon the morbid osseous conditions which take place in rachitis, although certain claim that phosphorus in gr. 1-200, sugar-coated pill, taken daily, may supply a bone food. There are, however, con-

ditions which can be benefitted therapeutically. Impaired digestion and assimilation in infancy and during the course of rachitic disease is improved by the tincture of nux vomica, gtt. 1-10 to 3, according to age, given before taking food. Fairchild's pepsin often is beneficial in such cases. Gastric and intestinal irritability will usually be relieved by Lloyd's fluid hydrastis in doses of gtts. x-xv, thrice daily. Constipation can be treated effectually by aromatic tincture of cascara, dose v-xx gtts. The debilitated patient needs a tonic; here the elixir hypophosphites may be given three times a day, in gtt. x-xx, with advantage. Cardiac weakness calls for cactus grand., in 1-2 gtt. doses three times a day. Anemia may be successfully treated by prescribing syrup iodide of iron in gtts. 2 to 5, or Fowler's solution in 2 gtt. doses, to be administered thrice daily after taking food.

The writer has had very favorable results from prescribing the dialysed iron, dose gtts. v-x, after meals and continued for months. Cod liver oil, when well borne and assimilated, has its place in the treatment of rachitis. Maltine and cod liver oil has been taken by several of my patients without stomach revolt. I have also used Clapp's malt and cod liver oil with favorable results.

Faith in Drugs.

The members of the medical profession to-day are to a very large extent divided into two great classes; those who believe in drug medication as a means of restoring normal conditions and those who do not. The larger portion of the latter class are men who have not been taught, or have not cared to learn, the correct use of drugs in their adaptation to the needs of the human economy that by wrong living has been deranged. There is a vast difference between the physiological action of a remedy—although at times this effect may be needed—and the medicinal action which results in a cure.

The drug nihilists almost to a man will be found in the ranks of the Allopathic or Old School branch of the profession, and the professors in the large colleges, especially those who in the latest nomenclature made by the American Medical Association, rank as A. No. 1,—are largely to blame for this state of affairs. Their ambition is to teach thoroughly the histology, the pathology and the diagnosis of all wrong conditions, and when that has been correctly determined allow Nature to right the wrong without any of their assistance. This doctrine is drilled into the students of these colleges and what wonder is it that the results are a crop of drug nihilists.

On the other hand, the Eclectic and Homeopathic branches of the medical profession believe most thoroughly in the efficacy of drug medication, when given in proper dosage and correctly adapted to the needs of the one to whom it is administered. In the colleges of these two portions of the medical fraternity great stress is laid upon the teaching of materia medica and therapeutics, with the result that their graduates go out to combat diseased conditions by means of a supply of agents in which they have confidence, and the results obtained show that this confidence is not misplaced.—*Journal of Therapeutics and Dietetics.*

SURGICAL LESIONS INCIDENTAL TO GONORRHEA.

W. B. Church, M.D., Cincinnati, O.

That teaching and practice are unsatisfactory as related to gonorrhea, will, I think, be conceded. I expect to achieve some fame, and be of real benefit to mankind, by discrediting pretty much everything heretofore published on the subject, and demonstrating the futility (and worse) of the prevailing treatment. To do both is practicable and easy, but hardly within the limits of a society paper. I found it necessary to be a pioneer in the field of Eclectic gonorrhea literature by issuing a first edition of "Diagnosis and Treatment of Gonorrhea." I plume myself more or less upon this paper, but I am depending on the aforesaid brochure for revenue and posthumous fame. It is expected to go off like hot cakes. I want you to have both. You'll find them equally useful, especially the book. That's permanent literature. This paper serves but a passing need; it's fleeting, evanescent, and will, I trust, become obsolete before we meet again. It deals mostly with morbidities, unjustified diseases that should be speedily stamped out, so directly do they give the lie to our most cherished pretensions. In short, this paper proposes to discuss maladies that are plainly due to ill-advised treatment. To regard our subject from this standpoint, maintaining that the so-called complications and sequelæ are due to the treatment rather than in the disease, is such a serious indictment of that treatment that the truth of the accusation must first be established.

The profoundest scholars and scientists the world over devote their deepest researches to the interpretation of nature. In pursuing their exalted labors we must accord special honor to those who aim to reach explanations of nature in relation to man. Nowhere else is stronger light thrown on this all-important question than in observation and study of nature's methods in combating disease, and thus fulfilling her high mission—the preservation of the species. The usefulness of a physician will depend chiefly on his ability to observe and interpret along this line, and on his fidelity to the object-lessons impressed.

The worse than useless treatment applied to gonorrhea is principally due to failure to comprehend the meaning and purpose of nature in her dealing with it. Demonstration of the truth of this assertion is the task before us. Neisser's diplococcus is much on our tongues, figuratively speaking, and, according to some, literally in many of our mouths. It is a minute speck of organized living protoplasm. It behooves every physician to know as much about it as can be known without harboring it. It is acknowledged to be inimical to man, but its depredations depend largely upon the treatment it receives. Before it can do any harm it must secure entrance into the body itself, and not merely one of its canals. A million or two rolled into a bolus might be swallowed with impunity. Its power to work evil depends on its peculiar ability to perforate the epithelium, the protective shield against other germs. Having thus forced entrance, it becomes a

menace by feeding on our tissues, unloading on us its excreta and multiplying with astounding rapidity. This is quite enough of itself, but it is accused of much more. Very high authorities ascribe to it the mysterious and frightful power to set up violent and destructive inflammation in any and all parts of the body. Such claims, if true, would place gonococci at the head of the list of the enemies of mankind. It is surprising, to say the least, that, notwithstanding all this, the festive gonococcus inspires so little terror in the minds of men that they often enter its very den with an eagerness that brooks no restraint. This fact of itself should have prevented much of the usual extravagance of speech. The apparent purpose of recent writers is to make a bogey of gonorrhea to scare young men to chastity. Our beloved Prof. Lloyd is foremost in many good works. All of us who use medicine at all use his. When he puts an indigenous medical plant through his mill we swallow the specific result, and give the same to all our friends with confidence. But his modesty is equal to his merit. He has the good sense to observe the limitations of his own department. If any one tries to get him to overstep his boundaries, he is wont to shake his wise head, saying: "I'm no doctor; I am willing to furnish your tools, but do not undertake to say how you shall use them." He departed a little from his usual course recently, doubtless with the best intentions. When he concluded to issue a treatise on hydrastis canadensis, with the necessary description, history and pharmaceutical products, he sought from high sources two special articles on gonorrhea, and incorporated them into his treatise. It is a pleasure to accept the drug on the professor's commendation. We shall find it impossible to accept the doctors he has provided for our enlightenment. When told every doctor should carefully read the statements contained in Dr. Butler's paper, I say, "Yes, read them; it will show you just what is likely to befall if you apply to your gonorrhea cases the treatment advised by Dr. Stephens; and this ought to save you from following after either of these blind guides."

I recognize the unusual ability of both these eminent physicians; but, very much to my regret, it has not prevented them from giving utterance to most unwise and dangerous teaching on this subject of gonorrhea. This may not seem courteous language. It would be highly reprehensible if the contention were not well taken. The importance of the matter in issue is so great that individual feelings cannot be allowed to prevent plain speaking. Prof. Lloyd will acquit me of any shadow of reflection on him in any way; he had a right to suppose he was getting the best advice from a very high source. The whole incident illustrates admirably the deplorable state of medical teaching and practice bearing on this matter. It would be interesting to criticize these two papers in detail, but it would carry us too far afield for the present occasion. It is believed the necessary antidote will be easily inferred from what is to follow in discussion of the subject, as intended, without further special reference to them.

Here it becomes necessary to repeat some observations appearing more at length in the booklet I have casually mentioned on a previous page. If

I succeed in presenting some of the basal facts, it should throw a flood of light on the whole subject, and afford a ready explanation of the many anomalies and contradictions which have so long clustered around it and led to so many far-fetched and fanciful explanations. Recalling our gonococcus, and the reasons which make it an undesirable tenant and trespasser that must be given no quarter, and realizing the ill-success that has so long attended the conflict we have so long been waging against the nasty Lilliputian, we are prepared to discard the old methods which have been so disappointing, and devise treatment that will cure. It is first of all necessary to expose certain fallacies and delusions. As well undertake to kill gonococci with a club as with a drug. Take it from me, there is no agent or combination known that is capable of killing them. For centuries, whole regiments, vast armies of doctors, have been shooting at them, firing by squads and platoons, mostly with shotguns and blunderbusses, but they have never killed one yet. They have changed their tactics many times, have waited until the enemy showed signs of failure and lessened activity, and often renewed attack all along the line. But the results are not changed. To-day these Lilliputian foes are more in the ascendency than ever before. If you conclude that treatment as usually applied is therefore of no effect, you will be much in error, as we shall presently see. Almost always gonococci enter the body from the fossa navicularis. Its presence in this fossa is hardly noticed for the few days required to perforate the epithelium, which it does by a kind of peptonizing process peculiar to itself. As soon as the breach is made it feeds on the sub-epithelial tissues. The menace of its presence is noted by what seems an inward monitor we agree to call nature. The counteracting activities are interesting and instructive. A well-devised, definite plan is under way. Large numbers of leucocytes are quickly transported to the scene. These are infiltrated and tightly impacted in the adjacent tissues. If needed, additional leucocytes are requisitioned. Phagocytes for aggressive attack are gathered, with connective tissue cells, fibrin and inflammatory exudate, to complete an impregnable barrier, too dense for the invaders to penetrate. The purpose of all this is two-fold, (1) to stop further advance and confine them in such close quarters as to prevent increase, and (2) cause them to perish from the toxins of their own excreta. What has really transpired has been a war of mutual extermination between the leucocytes, composing nature's barrier, and the gonococci—the guards and their prisoners. When nothing prevents successful completion of this plan, gonorrhea is cured in about two weeks, and there is no after-clap. On the contrary, there is another man who regards the disease as no worse than a cold. Why are not more cases brought to a like conclusion? Why are not all? Reliable answer may be found in the brochure above mentioned. Gonorrhea is due to gonococci; these destroyed, the disease terminates.

Having shown how gonococci are unfriendly, and that nature alone can destroy them, the balance of this paper will be devoted to exposing the deleterious effects of the prevailing treatment, and, as far as time permits, we

will consider the terrible consequences. Quiescent germs, in the original focus of infection, is the condition most favorable to nature's method. This condition prevails if they are not molested. They are not the active travelers, creeping here, there and everywhere, our doctors represent them to be. So they are soon fenced in if not disturbed. Too often at this stage the doctor appears on the scene, with a pp syringe and a decoction very distasteful to the germs, and floods the camp. This rouses them to the only form of movement possible to them—a co-ordinate response to stimuli, a kind of reflex movement. It causes their dispersion in all directions. They burrow in the tissue, often reaching the blood stream through the venous capillaries, and are borne to many points, where, subject to little restraint, they do incalculable harm.

It is evident the point of least resistance in nature' barricade is the orifice that must be left available for micturition. On this account enough germs will often evade her vigilance to transfer their attack to other favoring points. In this way succeed posterior urethritis, orchitis, prostatitis, vesiculitis, epididymitis. Nature maintains, against constantly increasing difficulties, the unequal struggle, with unvarying tactics. These foci are not well adapted to her method, and little chance offers for us to co-operate, except in the single case of orchitis. Here, by increasing pressure on the swollen gland with strips of adhesive plaster, the gonococci are destroyed in a day. Whereupon the barricade is at once removed. The prostate, the delicate, tortuous epididymis and seminal vesicles, while not wholly defenceless, are protected but partially and at great cost, always serving to emphasize the vital importance of making and keeping the original ramparts absolutely impregnable. The necessity is enforced a thousand times more forcibly when we contemplate the havoc dispersed gonococci are capable of inflicting, when borne on the blood current to serous membranes of lungs, heart, spine and brain.

If anything further is needed to impress on the medical mind his sacred duty to respect nature's methods, and to co-operate with her in every way in maintaining her bulwarks, it is furnished in abundance in observing a case of gonorrheal ophthalmia. Here, as everywhere, nature's method is the same. The same barrier, compacted of the same material, in the same way, is imposed with such sublime concern for the ultimate safety that it is made efficient even though it involves peril to sight itself. The lids puff up in dense masses; the vascular, sensitive conjunctiva bulges, in a red chemosis, over and upon the cornea; even the anterior chamber is packed until the limpid aqueous humor is rendered thick and viscid; the cornea also is by the same treatment made hazy or opaque. As might be easily inferred, the incidental embarrassment, always unavoidably attendant, is very marked here. Pain is a marked feature, accompanied with extreme insomnia, agitation and restlessness. The transformation in appearance is sudden, extreme, and well calculated to excite alarm. It has always been regarded by everybody, including medical men, as indicating a high grade of inflammation, but with no suspicion of its real origin, meaning and purpose. Num-

berless surgeons have gazed upon it, and, finding such alarming increase of intraocular tension, together with the heavy pressure of the episcleral ring on the cornea, have very naturally considered the integrity of the eye in imminent peril. Some of the boldest have tried to relieve the intraocular tension by tapping. Many endeavored to obviate the dangerous pressure on the cornea, and reduce the violent inflammation of the conjunctiva, by scarifying and even completely severing the chemosis. This was so much in vogue for a time, the shops contained many ingenious instruments devised for the purpose. They are no longer displayed. They have been retired, not by better understanding, but purely because of uniformly disastrous results. Surgical unwisdom had not yet exhausted the last challenge made by these sadly afflicted eyes. The lids still presented a bold, unbroken front. It must be they in some way concealed the real secret of success. At any rate, it was resolved to remove from the inflamed eyes the burden of supporting such overgrown lids; so they made complete vertical section of them and stitched either quadrant to the forehead. Do you greatly wonder there lingers in the unprofessional mind a dread of the knife, which such beneficial work has not yet sufficed to allay? Is it necessary to add that blindness was a very constant sequel?

After wide dispersion of the infecting germs of gonorrhea, there is scarcely a limit to the morbid possibilities. Coexisting pyogenic germs follow in the wake of the gonococci which have opened the way, and nature often finds the combination so aggressive and intractable that all her efforts to restrain are of no avail. Pleuritis, pericarditis, endocarditis, spinal and cerebro-spinal meningitis are some of the dire consequences which are little amenable to treatment, and often result fatally. Here, too, may be found an explanation of the vast army of cripples, masquerading as victims of chronic rheumatism that defy all attempts at cure—all the electrical machines, Osteopaths and healers of every name and nature. Despairing of permanent cure, they may at length find pain and lameness relieved temporarily by hot air and thermal mud baths.

There still remains to consider the surgical conditions which have written the most pathetic and dreadful chapter in the long records of venereal disease; conditions which number their victims in thousands; conditions widely prevalent to-day, and just as plainly a serious reflection upon established treatment. They are due to the easily preventable migration of gonococci from the vagina, through the uterus and Fallopian tubes, into the peritoneal cavity. The responsibility for thus changing the female pelvis into a veritable chamber of horrors rests in large measure upon the profession. It must be admitted, however, that many victims, unaware of the ultimate perils of neglect and inefficient treatment, endure the pains and penalties of the acute stage rather than consult a physician. An interval of from one to three years may intervene before the germs reach the end of their route. Long as this is, it too often passes with nothing done to avert impending fate. Resting in fancied security, or perhaps attempting desultory treatment for leucorrhea, they drag on with very vague conception of the real

situation, until gonococci enter the Fallopian tubes. Here nature interposes the only possible defense by erecting barriers, just as we have seen erected at other points along the route. In prosecuting this work the part or parts involved undergo the same changes. The tube becomes greatly hypertrophied, its walls much thickened, and its capacity enlarged to contain the débris which at length results from the destruction of the germs. Nature must continue her oversight and active interposition until this accumulation is safely disposed of. The *modus operandi* of conducting the contents of a pyosalpinx outside the body taxes nature's conservative efforts severely. You all know the details and the frequent failures that attend the attempt. Nearly all will agree that the skilled surgeon can improve on her method. The technique of the surgeon is something with which you are familiar. I only desire to give preference to evacuating, cleansing and stitching in most cases, instead of removing the tube and ovary.

A far more serious condition confronts us when there is failure to arrest the germs before they escape through the *ostium abdominale* into the peritoneal cavity. The imminent danger of septic peritonitis rouses nature to vigorous action. Extraordinary measures are taken to isolate the focus of infection. All available adjacent structures are utilized; the bowels, omentum, peritoneum and pelvic organs are massed over and around it, and are hermetically sealed to each other and to the posterior walls with inflammatory exudate. The incidental hardships which attend the attempt in any locality are still more evident here; consisting of pain, with tenderness and feeling of weight and heaviness in the lower abdomen, backache, general malaise and ovarian sensitiveness and pain, so intensified at the menstrual epochs as to necessitate confinement to bed; all combining to constitute complete invalidism.

The surgeon so bold as to attempt interference here will find his work strenuous and difficult to the last degree, when it is not impossible. The attempt to break up the firm adhesions will often cause rupture of the bowel, and if he succeeds in his attempt he is likely to liberate infection to produce septic peritonitis. At the best, in the unlikely event of escaping all other contingencies, he will produce extensive traumatism, that will be followed by renewed adhesions that preclude post-operative satisfaction. Aside from all other considerations, too many fatalities have resulted. The sensible, prudent surgeon will keep such a case under observation until abscess develops, and then, making his attack through Douglas' cul-de-sac, evacuate and drain. Nature will best dispose of her barriers after they have served her purpose.

What we have found wisest here is wisest in all the conditions we are considering. Whenever, for any reason, the original attempt to restrain and destroy miscarries, and diffusion of germs results in any form of complication that admits of successful treatment, depend on nature to arrest and confine the infecting germs until they die, and then give such aid as may be practicable. In all cases so located that this scheme can be fully worked out, every individual coccus is numbered with the dead. Victory is complete.

This is in such contrast to possibilities in syphilis that any comparison between the two diseases is nonsensical. To give gonorrhea pre-eminence as a scourge over syphilis becomes altogether absurd when the former is treated as it should be.

I again urge that a treatment has been devised that robs gonorrhea of all its terrors, and that no physician can afford to depend on treatment that permits, in any case, any complications or sequelæ. Let it be understood that all disastrous sequelæ are due to diffusion of gonococci, and that such general diffusion is due to irritating with chemical solutions, under a delusion that they can be thus destroyed, whereas this merely disperses them, thereby subverting nature's efforts to compass their destruction.

To resume: We have seen in what ways gonococci are a menace to man; we have seen nature only can destroy, and have studied her method with a view of learning how and to what extent we can co-operate; our investigation has led us to repudiate the treatment laid down in medical works, very largely, if not wholly, as not only inefficient, but positively injurious; finally, we have reached the conviction that every case of gonorrhea can be promptly cured, without loss of any function, or entail any of those maladies known as complications or sequelæ, or ever becoming chronic.

MITRAL VALVE AND ITS DISEASES.

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"Mitral regurgitation is one of the most common conditions which is met with in practice," so says one of our ablest authors in medicine. It is a condition of great importance. It is of the utmost importance to remember that some of the cases of mitral regurgitation are merely the results of temporary changes in the left ventricle, and are evidently curable, while others are due to structural changes which are often permanent and incurable.

These difficulties are termed functional and organic. The term "functional" is often misleading. It is certain that well-marked functional and organic changes are present in many cases of curable mitral regurgitation, as in chlorosis. We have read that mitral regurgitation is often the result of fatty changes in the wall of the left ventricle. This is frequently termed by authors a functional murmur, when, I should think, a more proper term would be a murmur caused from a structural derangement. A functional mitral murmur is caused by a sudden overdistension of the left heart, producing a temporary leak. This, I should think, would be true of the other valves. It could be expected in a perfectly healthy heart, hence the functional mitral murmur would be exceedingly rare. We are told that where the regurgitation is associated with and caused by distinct organic alterations, usually in the muscular walls of the left ventricle, the organic changes on which the regurgitation depends are rarely dispelled by treatment.

The mitral regurgitation which so often occurs in anemic patients, also that following a long attack of fever occurring from cardiac debility, are also curable. It is necessary to treat these cases carefully, as you all know by experience.

Those cases of mitral regurgitation associated with kidney diseases; atheromatous conditions of the peripheral arteries of the heart; any mitral regurgitation in which the leak is caused by overdistension of the walls of the left ventricle, resulting from increased pressure in front, this may be a possibility these cases may be associated among the curable cases.

In a large number of cases of mitral regurgitation due to obstruction in front, and resulting from overdistension of the left ventricle, it can readily be seen that the wall of the ventricle is not healthy. If the wall were absolutely healthy the regurgitation would not occur, very rarely at least; for the ventricle, instead of giving way and dilating before the obstruction and allowing the leak through the valve, would redouble its efforts and become hypertrophied.

It is utterly impossible to classify every mitral regurgitation as we see it by the bedside. It is often the case that a temporary regurgitatation or mitral leak will occur again and again when the left ventricle is subjected to any temporary over-pressure. A continued and oft-repeated overdistension of the left ventricle produces a hypertrophied condition, consequently a weakened state of the muscular fibers, giving rise to temporary mitral regurgitation. Some cases result from changes in the chordæ tendinæ. These structures may become thickened or shriveled in different degrees. This nearly always, we are told, occurs from endocarditis resulting from rheumatism and other chronic changes, also from gout and syphilitic changes. I think it is more likely that the chief cause of mitral regurgitation, especially when it is a free and profuse leak, is due to an incompetent condition of the cardiac muscles than to any great changes in the valve segments. A very free regurgitation does, however, occur from an ulcerated condition in endocarditis which destroys the valve structures.

There is a condition, termed by some authors "relative incompetence," associated with dilatation of the left ventricle. Any condition producing dilatation of the left ventricle may in consequence produce mitral regurgitation. All conditions which impair the contractility of the muscles of the left ventricle, especially the fibers which surround the mitral orifice, will produce an imperfect closure of the valve, consequently you have mitral regurgitation.

It might not be out of place to right here mention some of the changes in the cardiac walls that produce mitral regurgitation, which is difficult, if not impossible, to cure by any of our present therapeutic means. They are: Myocarditis and the changes it produces in the heart-wall; the changes produced in the cardiac wall by atheroma of the coronary arteries; the fatty changes which occur in middle age and old people, not the result of anemia; fibrous degeneration of the heart-wall; a degenerated condition of the heart-wall occurs as a result of the engorged condition of the veins and lym-

phatics, that is incurable. These are some of the conditions for which it would be utterly useless to use more than a palliative treatment. All authors, as far as I have read, agree that it is not always an easy matter to diagnose these different conditions at the bedside, and to tell whether the condition upon which the mitral regurgitation depends is curable or not. Many of the conditions will disappear for a time under careful treatment, but they return after a time seemingly more vigorous than ever, and, if not very cautious, the physician is liable to hasten a fatal termination.

It is nearly impossible in any case of mitral disease to speak with any degree of confidence as to the future course of the disease, until we have come to a definite conclusion in our own mind regarding it, and what is of more importance in the correct determination of the point is in many cases of vital importance as regards treatment. For example, in many curable mitral regurgitations to give a cardiac tonic would be positively injurious, whereas in permanent organic changes these remedies, as every physician knows, would be of the utmost service. The decision as to whether the condition on which a mitral regurgitation depends is curable or not, is in some cases easy while in others most difficult. In a case of acute rheumatism it is sometimes a very difficult matter to decide whether a systolic mitral murmur is due to inflammatory changes of the heart, and liable, therefore, to be followed by permanent injury to the valve, or whether it is the result of mere temporary alterations in the cardiac muscles, produced by the febrile process and the anemia which are present.

I do not propose on this occasion to enter into minutiæ, but I may say that in trying to determine whether a mitral regurgitation is due to curable or incurable conditions the following seem to me the most important points to be taken into account, viz., the age, the general condition of the patient, and the fact whether he is suffering or has suffered from any disease which is likely to be the cause of those conditions which we know are apt to be attended by curable mitral regurgitations, on the one hand, or with permanent and incurable mitral regurgitations, on the other. I will illustrate by one or two cases. If the patient is very anemic, if there be a venous hum in the neck and a systolic murmur in the pulmonary tract, the heart will in all probability become perfectly normal, and the mitral systolic murmur will disappear provided the anemia can be removed by appropriate treatment. In these cases mitral regurgitation is a secondary result; the alarming condition of the case is in no way determined by the presence of the mitral murmur; it is not essential in forming a prognosis; this has to be based not upon the cardiac lesion, but upon the cause of the anemia, and the treatment has to be directed to the restoring of the blood rather than to the relieving of the cardiac symptoms. If the anemia be cured, the cardiac symptoms will disappear. To treat such cases with cardiac tonics would cause serious results. A mitral regurgitation appearing after an attack of fever, as typhoid or typhus, or in any condition in which the heart is temporarily enfeebled, and in which endocarditis does not appear, is in all probability the result of temporary changes in the muscular wall of the organ, and completely curable.

A mitral systolic murmur which occurs in the early stages of acute rheumatism is probably associated with acute endocarditis or acute myocarditis, or both, which are apt to leave permanent organic changes behind them. In treating doubtful cases of this description, it is the duty of every physician to be very cautious. In a large number of cases of mitral derangement caused by rheumatism, permanent derangement can be greatly lessened by appropriate treatment. I fully believe one might produce permanent injury to the valve by injudicious treatment in rheumatic inflammation of the heart, when, by allowing complete rest and some applicable treatment, the difficulty will subside. A mitral regurgitant murmur which is not the result of rheumatism or other well-known causes of endocarditis, is of much more serious significance in a middle-aged or old person than in a young person. The important questions which have to be answered in all diseases of the mitral valve are: Why has the condition occurred? Is it due to an attack of rheumatism? Does it depend upon some temporary enfeeblement of the cardiac muscle, which is liable to pass away under appropriate treatment? Is it the result of incurable degeneration in the coronary arteries or wall of the heart? Is it the result of a process of chronic thickening or contraction which has for years been gradually and surely going on in the valve, and has up to the time of the breakdown been satisfactorily compensated?

CHRONIC DIARRHEA OF THE ADULT.

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Chronic diarrhea is either the result of a previous acute attack; or due to a prolonged irritation of fermenting food or toxins, which are more or less poisonous; or a continuation of a chronic catarrhal inflammation of the upper respiratory tract; or a deprivation of the proper circulation of the intestines; or due to foreign bodies. Occupation may cause the inhalation or absorption of poisonous or foreign elements, thereby causing a hyperplasia of the mucous membrane. Syphilitic and tubercular diarrheas are best considered under their proper headings.

In catarrhal diarrhea a physician is often taxed to his utmost in combating this condition, for the same causative factor which produces the catarrh is causing an increased peristalsis. In this condition we have a more or less definite lesion, either an atrophic or hypertrophic condition of the mucous tract, with a possible ulcerative condition to contend with.

First and foremost, we must demand hygienic surroundings, proper underclothing to prevent undue exposure to the elements or inclement weather; proper diet, as the predigested starches, raw beef, fresh butter and toast, peptonized eggnog, milk, buttermilk, malted milk and the prepared foods, either malted or cereal. The diet should not be bulky nor excessively fluid. No fluids with the meals, and never hot broths or soups. In the atrophic forms olive oil should be a component of the dietary. Castor oil to

remove the excess of mucus. One ounce of castor oil and one drachm of paregoric will clear the intestines of all irritating and decomposed food.

Foremost of all drugs, our neutralizing cordial is a potent remedy, or, better still, glyconda. There is no better remedy than glyconda to neutralize the intestinal tract. It is an old stand-by in a new dress. It will correct the wrong and restore the tract to normal. It is indicated when the tongue calls for an alkali—broad, coated white or muddy-yellow at the dorsum, furred tongue, sour odor, acid eructations.

Sulphuric acid: Tongue coated brownish or thick, dark coating upon the dorsum, with pointed tip and edges deeply injected.

Hydrochloric acid: Red tongue, dry, pointed tip, with pointed papillæ, and mucous membranes deeply injected. If anemia is present, alternating with tr. iron chloride will enhance its action.

Bismuth subnitrate: Given in large doses, where there is great irritation and large, watery stools. Bismuth subgallate may be added with success. Bismuth is never of service in the weak, emaciated condition, with excessive lack of tone.

Opium: Painful tormina and much-increased peristalsis.

Coto: An admirable tonic astringent to mucous membranes, where we have jelly-like, frequent evacuations. It may be combined with other indicated remedies to great advantage.

Silver nitrate: Intense tormina with tenesmus; evacuations tinged with blood or mixed with a pinkish fluid. In the acute exacerbations of old chronic conditions, combined with opium for a few doses, then continue the silver alone, will often terminate the condition more rapidly.

Epilobium: Dry skin, feculent evacuations, contracted abdomen, loose watery movement; long-continued diarrhea following typhoid or colitis; diarrhea following abstinence in beer and ale drinkers.

Geranium: Constant desire to go to stool, with small amount of mucus passing; may be given diluted with water as a high enema; in proctitis and sigmoiditis without ulceration.

Ipecac: A strong decoction is my favorite in dysentery-like evacuations.

Hydrastis: As a mucous tonic it is always serviceable, but of little use in atrophic catarrhal conditions.

Nux vomica: Morning diarrhea in the neurotic patient or the active mover in society, the midnight dissipator; in atonic diarrhea.

Mangifera: An ideal tonic astringent to the mucous membrane, and one of our best drugs in diarrhea. In dysenteric diarrhea or dysenteric discharges, combined with ipecac (decoction), it is a specific.

Podophyllin (trit.): Minute doses, three to five grains of the second decimal; pasty tongue, fullness of tissues; gray or clay-colored stools.

Reconstructive tonics, when indicated, as nux vomica, hydrastin phosphate, iron pyrophosphate and cornus florida, will aid our medication.

Neurotic patients must receive proper remedies to combat this disturbing element. Their occupation and environment, if possible, must be corrected. We can never expect to relieve the neurotic element unless we at-

tend to the disturbing factors, and in these cases diet, hydrotherapy, rest and the wearing apparel suitable to the case, are more essential than medicine.

In malarial cases we should treat the causative factor and give the indicated remedy. Two grains of magnesium sulphate and ten drops of diluted sulphuric acid will prove of value in diarrhea. Quinine and podophyllin, the latter in minute doses (1-100gr.), in conjunction with the above will often correct the condition and prepare the system to respond to tonic treatment.

In chronic diarrhea we search for a cause. For instance, in achylia due to the absence of hydrochloric acid, which leaves the pylorus relaxed, allowing the food to enter the intestines undigested, calls for hydrochloric acid with the meals, to cause a stimulation of the pylorus and allow sufficient time for gastric digestion.

Cholelithiasis will often cause an inflammation of the common duct, which, extending to the pancreatic duct, thence to the pancreas, will produce a loose bowel movement of whitish color and free fat. Chionanthus is here indicated, or operative interference to remove the causative factor.

In membranous colitis, with its periodic diarrhea, we can do little with drugs until we have carefully dieted our patients, giving food that leaves a large amount of coarse residue, as the leguminous vegetables and a non-fluid diet.

Often we find an ulcerated sigmoid or colon. Fissure of the rectum or dilatation of the lower bowel may be the irritating cause, and when this is corrected a cure or relief is the result. Frequent desire to go to stool, and passage of a drachm or two of tenacious mucus, calls for an examination of the rectum and sigmoid. Here we will find a thickened mucous membrane and hypertrophied mucous glands. Stripping these glands with a trachoma roller forceps, and the application of an ointment of 25 per cent. Lloyd's thuja, will bring about a cure. Rectal valves should be clamped with Gant's rectal clamps. Hemorrhoids, fissures and sinuses should receive treatment.

Excessive drugging for the cure of constipation will often cause an accumulation of hard fecal matter along the walls of the dilated colon, leaving a lumen to allow fluids to pass, and instead of the colon acting as a reservoir for the final absorption and an evacuator, its function is retarded. In this condition my favorite remedy is as follows: ℞ Spec. physostigma m. xx, ess. menthæ pip. m. xxx, glycerinum ℥i, ol. ricini ℥i. M. Sig. At one dose. ℞ Molasses O.i, glycerine ℥ iv, soap suds O.i. M. Sig. Give as an high enema. The above can be repeated as required.

I have never been an advocate of intestinal antiseptics, such as the sulphocarbolates and salol, as my experience has been that they eventually destroy the digestive ferments or retard their action.

We should encourage nature to perform her normal function, and aid her to complete the oxidation of the products of metabolism and eliminate her toxins and the products of decomposition. Proper diet, hygienic sur-

roundings, rest, proper elimination and correction of evil habits, with proper treatment of the symptom-complex, will cure all curable cases.

HOOK WORM.

George W. Holmes, M.D., Sharps, Florida.

For many years preceding the discovery of hook worms as a cause of disease, producing symptoms analogous to those accompanying functional as well as structural diseases of the spleen, I was nonplussed in the presence of malarial cachexia, so-called, yet no palpable enlargement of the spleen was to be found, while remedial agents—bear's foot, quinine, sulphite soda and other indicated remedies—had some appreciable influence of a salutary nature. Relapses would soon follow in many instances, though recovery ensued in some cases. Unquestionably there were some of these cases of malarial origin. The pronounced anemia in all cases, the pallid complexion, often with the morbid appetite for dirt (clay eating) was present in some cases. All these thirty-five years passed in Florida I have met many cases of ground itch. Ground itch was quite common among children in a climate permitting their going barefoot the year round. The soil was sandy and free from stones. Those employed around the cow pens were particularly the subjects of a peculiar class of sores on the feet; fiery furrows ploughed in the subcutaneous tissue resembling the burrowing of ground moles in a summer garden, progressing in various lines, marked the onward movement of the ubiquitous rascal that Job might have referred to when he noted that "skin worms his flesh devoured." If the blood was out of order, severe inflammation accompanied the presence of the insect. A well-written letter from one of my patients was forwarded to one of our professors, requesting a name for the insect causing the trouble. A prompt reply indicated that it was the female of the sand fly, a widely diffused and annoying pest on the maritime coast as well as interior portions of our State. These number in legion, and the burning sensation produced by their bite is distressing. They visit the bedchamber toward dawn. Early risers need not an alarm clock in their presence. Only a small percentage of those having ground itch would have the constitutional symptoms now known to mark the presence of the hook worm. *McClure's Magazine*, about a year ago, awoke the laity. John Rockefeller emphasized the wide spread of the evil when he set aside $1,000,000 for the use of a commission, headed by Dr. Stiles, to combat and exterminate this plague, in associated action with the State boards of health. Florida gives free examinations of fecal matter to all, and also treatment to the indigent through the local physician. Their efforts furnish a common ground for all physicians to co-operate and weaken the barriers of prejudice that often divide us.

Thymol, associated with agents to quicken peristaltic activity, in from five to ten grain doses on an empty stomach, three doses, two hours apart,

in capsules, followed, at intervals of a week, with examinations to determine that no ova yet remain, concludes the treatment for expulsion and annihilation. Good tonics—iron, quinine and other remedies indicated to aid in reconstruction—often bring wonderful results. Have had patients, poor, feeble anemics, who in one year gained forty pounds in weight, and proportionally in other respects. Invalids of ten to fifteen years' standing, with varied complications, are met with, and, when this basic trouble is removed, respond to remedial agents wonderfully. It adds much to the doctor's self-respect when these hitherto weaklings grow strong, and existence becomes a boon once more.

A few who have never been aware of ground itch have the worms, which possibly have found their advent into the gastro-intestinal thoroughfare direct.

Hook worms are not confined to the poor and lowly in life. I recall those who have had all that robust health called for, who have struggled against this mortal weakness, aided by the best skill of their physician, all in vain, until the true cause underlying these hydra-headed symptoms was discovered and removed. Then a bouyancy of life came back that ends in glorious health.

In one section the negro seems to be quite immune. I do not now recall a case of ground itch among them. It is possible that the prompt cure of ground itch may account for so few infected with hook worms in proportion to the number having the ground itch. The local treatment is with ichthyol, carbolic acid, turpentine, petroleum, strong infusion of tobacco. The jungle habit must be prevented, and in a few weeks mother earth is sterile again. Those who wear shoes rarely contract ground itch. Hook worm of different varieties is prevalent in various portions of the earth. This disease was playing havoc with the natives of Porto Rico, as a cause of disease and sometimes death. Its presence was discovered in the bodies of laborers at one of the Alpine tunnels. They pronounced it anemia. The pallid complexion, weak heart on exertion, hurried respiration, mind as well as physical development is dwarfed. In our State the clergy as well as the school authorities co-operate with the State board of health in a veritable crusade of extermination.

DISCUSSION.

Dr. Young: I am extremely interested in this paper, and I want to compliment the doctor on his most excellent paper. He has covered the ground fairly well for a short paper. He has given us something that is beneficial, especially to all people coming from the section where we are plagued with these little insects. There was one thing I noticed about the negroes. The trouble is the negro does not send for a doctor for these troubles, but the white people—the better class, of course— are interested and want to do something for themselves, and the first thing is to send for a physician.

Dr. Watkins: What is the dose of thymol, and how long do you use it?

Dr. Holmes: From five to twenty-five grain doses, owing to the age of the individual, and generally divide the dose three hours apart. We give a course at intervals of a week, with examinations following.

ACUTE ANTERIOR POLIOMYELITIS—THE ETIOLOGY AND BEST TREATMENT TO PREVENT DEFORMITY.

HENRY J. SCHIRESON, M.D., NEWARK, N. J.

The etiology of acute anterior poliomyelitis has been given much attention recently, and the consensus of opinion confirms the theory that it is a lesion of the motor cells of the anterior horns of the spinal cord through the arterial blood supply of the anterior and two posterior spinal arteries.

Bacteriological examinations made by such men as Schultz, Dercum and many other scientists confirm the opinion of the disease being epidemic, infectious, contagious and traumatic, and that toxines of the alimentary canal are one of the most sourceful means of infection, which is proved by the fact that more cases of infantile paralysis occur in the month of September than any other four months of the year during the disease or after the child begins to convalesce from an attack of summer complaint.

That the disease is at times epidemic is unquestioned and established by ample evidence, and that a common source of infection from the milk supply is not lacking in evidence and deserves consideration. The conclusion of Scheele, Holt and Hartlett is that the disease is contagious, and forty instances are reported where the disease has appeared in from two to seven members of the same family. Lovett and Lucus report 635 cases of infantile paralysis in Boston in 1907, and the greater number of these occurred in the second year of life, and while the etiological evidence substantiated the infectious theory, the direct bacteriological proof did not sustain that theory conclusively; but the character of the onset, the epidemic distribution, the apparent contagiousness and experimental production of paralysis in animals all point in this direction. The fact that the disease selects children during dentition and the summer months, and especially August and September, offers evidence of gastro-intestinal disease, and suggests a possible source of infection in the intestinal tract from a milk bacillus, which liberates a toxin, the harmful agent, and then disappears. The etiological conclusion of the literature on the subject does not warrant the statement that any one cause produces the disease, but many, because various degrees and kinds of illness often precede the attack, such as malaise, headache, loss of appetite, varicella, measles, scarlet fever, cholera infantum, otorrhea, and many other diseases incident to child life. Hence, the disease may be the clinical expression of the reaction of the spinal cord to one of several causes, of which infection may well be considered one.

At present we must observe, study and collect material, remembering that we may be dealing (1) with a specific infectious disease; (2) with an infection due to one of several organisms; or (3) with a disease of more than one origin, not always necessarily infectious. The physician perceives plainly that his patient is suffering from an acute infectious process of some kind, but he is surely to be pardoned if he fails to appreciate its true nature, for until paralysis makes its appearance no pathognomonic symptoms are seen.

I have myself seen a few cases called cerebro-spinal meningitis, which proved to be monoplegia or paralysis, when the severe symptoms had disappeared; hence a thorough knowledge of the nervous system is absolutely necessary, otherwise we will be treating poliomyelitis for scorbutus, torticollis for cervical adenitis, trismus for inflamed wisdom tooth, and kneejerk for morbus coxarius, all producing deformities from abnormal changes in the nervous system.

The treatment of infantile paralysis has received its share of special attention from the best orthopedic surgeons in this country and Europe, and yet a majority of the cripples seen on our streets are caused by anterior poliomyelitis, so that it has been truthfully said that "nothing is more misleading than facts, unless it is figures." Such a statement is not ill timed when we consider the inefficiency of our former treatment and the number of cripples seen daily. The plan of treatment I have recently used in acute infantile paralysis cases has been with the influence of environment and lapse of time. As soon as the disease is recognized I put the patient in a recumbent position until spontaneous recession takes place, which will often take several months and sometimes more than a year, and right here is where the difficulty arises in keeping a child well and quiet, and yet it can be done to a certain extent, and we have the consolation of knowing we have selected the lesser of the two problems under consideration. The deformities seen are more frequent in the lower extremities than in the upper, which is not strange when we pause to think that the arms are free, while the legs bear the weight of the body, so when the joints of the lower extremities are affected, or even suspected, they should be protected by recumbency or proper mechanical appliances or braces; hence the rational conclusion is physical simplicity in cause and effect.

Disability from this disease is seen almost ten times as often in the lower as in the upper extremities, and yet in the early stage the paralysis is found in all parts of the motor system, and in the recumbent position we find it absolutely favorable to spontaneous recession of the paralysis. The arms and hands retain this advantage when the patient is erect, but the impaired muscles of the legs and feet give way at once when they meet the weight of the body, and become attenuated and elongated, and could not be put in a position more damaging to them, and the result is plainly seen in all kinds of clubfoot, short tendo Achilles, anterior muscles of the thigh and frail joints. Therefore, if in acute anterior poliomyelitis we can by means of a recumbent position give to all the muscles alike the same opportunity for spontaneous recession of the disease in them, we will not see ten times as many deformities in the lower extremities as we do in the upper, and the number of deformities from this disease will be materially reduced.

Another treatment in this disease, when it has taken on the chronic form and the deformity is well marked, which has proved very satisfactory in my practice, is repeated plaster casts at short intervals, while the patient is under an anesthetic and muscles and tendons easily stretched; the deformity can gradually, with this treatment, be overcome, and the limbs made stronger

and more useful than they would be in overcoming the deformity by myotomy or tenotomy, although there are some cases that require both methods. However, these methods should not supplant their valuable adjuncts of passive motion, exercise, electricity, massage, local applications and judicious medication, all of which will make it easier to carry out the recumbent position with better ultimate results.

PELLAGRA.

R. O. Brasswell, M.D., Ft. Worth, Texas.

Chronic disease, supposed by some to result from eating spoiled maize, but by later authorities to be of protozoan origin. Two varieties, dry and wet. One seldom has the wet without previously having had the dry.

Dry pellagra is usually of a milder type. First symptoms complained of are gastro-intestinal. Erythema on back of hands and arms where not covered by clothing, also on feet if patient is often barefooted. Ths erythema at first resembles sunburn. In a few days redness begins to fade and skin to desquamate in fine scales; the site then assumes a cyanotic hue, gradually changing to chocolate color. This may happen several times in spring and summer and again in October. On account of repeated inflammation, hands often become hard and wrinkled, and deep fissures occur on fingers. In the winter symptoms gradually disappear, to return in the spring.

Wet pellagra is more severe. Blebs form, which, when they break, leave large ulcers resembling burns of the first degree. The mucous membrane of mouth and throat is very red, and tongue is sometimes denuded of epithelium. There is stomatitis, accompanied by a profuse flow of saliva, often mistaken for mercurial salivation, but without its characteristic fetid odor. Pyrosis is never absent. In advanced stages swallowing may be difficult, and vomiting often occurs. Diarrhea, as well as the inflamed mucosa, is a feature of both varieties, and varies from a few stools a day to twenty or more. In the early stages rise of temperature sets in and pulse is accelerated, but in later stages temperature may be subnormal. Mental depression is constant, and varies from a case of the blues to severe melancholia. Patient has tenderness along spine. Paresis is a later symptom, and is manifested by a peculiar shuffling gait with the legs far apart.

The mental condition and nervous phenomena grow persistently worse to the end. Blindness or impaired vision often is a distressing condition in later stage in the virulent type. Neuritis affecting the feet or hands, one or both, adds much to the discomfort of the patient. In some cases this complication is severe. Nothing relieves this condition as much as exposure of the affected parts to the air. The wind constantly blowing on the feet or hands will relieve or mitigate the suffering. Cold water has no effect on this condition, but cool air relieves the pain almost immediately. There is an affinity between the neuritis of the nerve-endings of the hands and feet

which to us seems timely, since in 1907, 100,000 pellagrins were reported, and upward of 50,000 in Roumania.

In the first stage there is lassitude, vertigo, headache, general malaise and mild digestive disturbances. It manifests itself in early springtime and becomes worse as the heat of summer comes on. Dyspeptic symptoms appear, with loss of appetite, red mucous membrane, abdominal pain and diarrhea. There may be vomiting of a spasmodic type in some cases. There is muscular weakness, especially in lower limbs. Temperature is usually normal. Vertigo is usually present and very persistent. Many patients are sleepless. Intelligence, even at this early period, is often affected. If there be a nephritis, it usually occurs toward the last of the disease.

The second stage is largely an aggravated form of the first symptoms. The involvement of the nervous system has become more dominant. The skin becomes thickened, hard and cracked. The stomatitis is aggravated, ulceration is more frequent, the diarrhea persistent, and there is an aversion to any activity. There may be contraction in arms and legs, causing a half-flexed position.

If there be vitality sufficient to tide them over into the cooler months, the skin and hard crusts of varied thickness scale off in great patches. In one case I observed the skin of the feet, seemingly a fourth of an inch thick, come off as though it had been scalded. In the milder cases the scaling is more like that of scarlet fever.

The duration of the disease is indeterminate, there being no regularity about the succession of the various stages. A pellagrin may be very ill one year and suffer lightly next. In some the disease may remain stationary in the first stage for twenty years, while in others it may reach the second or even the third stage the first or second attack. A case was shown at a meeting in St. Louis where a boy of twelve had suffered for nine years. An older sister had died at the age of fourteen, after having the disease ten years. These children had been brought up in a country grist mill, where they often played in the newly ground meal.

The question as to the cause of pellagra is no doubt a debatable one, and just recently a newspaper quotes Dr. Sambon, a member of the Field Committee which has been investigating the disease, as saying that maize or Indian corn is not the cause of pellagra, but that the conveyor of the disease is the "simulume repans," a species of biting gnat. Dr. Watson, of Columbia, S. C., demonstrated the power of the poison of spoiled corn by injecting a guinea-pig with an alcoholic extract. The pig lived less than five minutes.

And so we could go on indefinitely quoting authorities, and yet we must seek to know. We must study in the light we now possess, and be prepared to do the best we can should a case come to us for treatment, and let our scientific friends, who have many cases, fight out the causes of the much-discussed trouble.

As to treatment, there is none of much avail. Fowler's solution is possibly among the best remedies so far used. After the hook worm has been

eradicated, possibly some man of wealth will furnish means to investigate more thoroughly in this country, and some more definite conclusions will be reached as to the cause and treatment of pellagra.

A REVIEW OF RECENT GYNECOLOGICAL TECHNIQUE.

H. H. Helbing, M.D., St. Louis, Mo.

We might with profit each year review surgical technique in any specialty with which we happen to be familiar, but more so in this one. In reviewing my subject I have confined myself wholly to the *American Journal of Obstetrics,* in which appear from time to time valuable contributions to this most interesting subject.

Of the many wrongs that we have to treat, none cause more controversy than retrodisplacements of the uterus. Dr. J. W. Bovee says of the subject that "efforts are made toward correcting the general peritoneal condition rather than the local uterine displacement; and for the local condition in this class of cases, when it indicates surgical treatment, various operations upon the supporting structures of that organ are done rather than suturing it to the abdominal wall." Speaking for myself, I will say that for over a year I have been shortening the round ligaments by drawing them up into the abdominal wall and fastening them. I did this in one case during the past year that at the time was in the third month of gestation. She is to be delivered during July, so that I await that period with more than usual interest to see what effect this operation will have upon parturition. Dr. Dickinson, of Jersey City, N. J., says: "Treatment for these conditions must not be wholly surgical. We must treat the individual, and not alone the uterus, by improving the nerve tone, by massage of the lumbar region and the tonic effects of cold applications, control of intestinal hemolysis by natural action of bowels, not through laxatives, and by increasing the hemoglobin."

Opinions are about equally divided as to whether it is wise to remove the uterus when procidentia exists, or whether it is best to do plastic work on the vagina and peritoneum as well as shorten the round ligaments, or a ventro-fixation to hold the uterus in positon. When vaginal prolapse exists, the accepted method of procedure is to make an anterior vaginal incision, separate the bladder from vaginal wall, and, after pushing it up, attach vaginal wall to the anterior uterine wall at about the junction of the cervix with the body. A perineal body is then bulit up, and finally the abdomen is opened and the round ligaments are shortened or a fixation is done, as the exigencies of the case demand. My choice is a pan-hysterectomy, and, after the uterus is removed, fastening the vaginal walls to the stumps of the broad ligaments. Plastic work on the vaginal walls and a perineal repair may also be necessary to support the pelvic contents.

In looking over my *Journal* files, I find that surgeons are more and more

given to conservatism this year, and especially is this true in cases of infections of the uterus and appendages. Here we are told by authorities to treat such cases expectantly, by using antiseptic douches and local applications until the period of probable sterilization, which usually occurs in three or four months after infection. In my opinion, it is the height of folly to attempt to operate upon cases of salpingitis, with an involvement generally of the parametrium, before the period of sterilization has occurred. Many times I have advocated this plan in opposition to the attending physician's opinion, and my opinion has invariably been proven by the subsequent recovery of the patient without operation.

Much is being said of late about the gratifying results of the hypodermic injection, deep into the muscular tissue, of the succinimide of mercury for tuberculosis, but a French physician has also used mercury for puerperal infections. He uses the bichloride by intravenous injecton. He says large doses of mercury are well borne by infected cases when infection is due to saprophytes. The most rapid action occurs in pure pyemia; between the two may be placed lymphangitic septicemia.

Objection is being raised to the use of chloroform in cases of eclampsia, because of the fact that it causes changes in the liver and kidneys, which in turn aggravate the convulsions. "Among the changes found in the liver of a patient that has suffered with eclampsia are hemorrhages, cloudy swelling, central necrosis or general autolysis of the liver cells" (Welch). We know now that similar changes may be produced by chloroform. While ether has an injurious effect upon the kidneys, it is supposed to be less toxic than chloroform, and is to be preferred where an anesthetic must be used.

"In examining his records of 300 cases of ovarian resection, J. O. Pollak found 163 with pathological reports. In 90 cases the diseased structures belonged to the multiple cystic variety, presenting numberless small cysts throughout the ovarian structure. In 55 of these cases one ovary was ablated, leaving one good ovary, while 35 were resected. But 5 complete cures are recorded; 21 patients returned for further surgery. It would seem that multiple cystic degeneration was least favorable to conservative procedures, while ovaries containing retention cysts, cysts of the corpora lutea, large monolocular cysts, fibroids and dermoids may be conserved by resection with considerable hope for the patient's continued well-being."

The above report would indicate that we cannot afford to be conservative unless we have good reasons in the individual case. In other words, we cannot lay down an ironclad rule that will be conservative when it comes to ovarian surgery, for nothing injures a surgeon's reputation more than a return of a condition for which the patient has been operated upon.

"In regard to irrigation and drainage, Dr. Wetherill says that the majority of the best surgeons limit the use of intra-abdominal irrigation and drainage to few and to certain specific indications, chief of which are rupture or leakage from some hollow viscus or localized abscess which has poured its contents into the abdominal cavity, infecting the same. Glass drains are now seldom used, even in the abdomen, but gauze drains are substituted. When intraperitoneal drainage is necessary, it is preferable to make it

downward through the vagina. Routine irrigations in obstetrics are to be condemned, especially after uncomplicated normal labors."

The above are my sentiments. I never use vaginal irrigations post-partum unless there has been a lacerated perineum and foul odor to the lochia. If vaginal drainage is used following an abdominal or vaginal operation, the drain is removed, as a rule, at the end of twenty-four or forty-eight hours and not replaced.

Post-operative abdominal adhesions still come in for their share of discussion by surgeons. Some are using one to four drachms of absolutely sterile oil, pouring it into the abdominal cavity before closing it. Byford believes that the most successful plan is to improve the operative technique by handling the peritoneum less and leave the smallest possible area of denuded peritoneum. Shortening the period of post-operative rest in bed will result in preventing this occurrence to a certain extent. Not only allowing the patient to get out of bed soon, but allow her or instruct her to change her position in bed frequently, as soon as she comes out of the anesthetic, will prevent to a certain extent this unpleasant result. Allowing the patient to get out of bed soon after an abdominal operation is advocated by Boldt. He says: "The abdomen is immobilized by zinc oxide plaster, in strips six inches in width, applied in the form of a Scultetus bandage, and the patient is allowed to remain in bed but one to three days after operation. A few abdominal surgeons follow this plan quite faithfully, while a larger number have shortened the period of post-operative rest in bed to eight to ten days, and use no special immobilization plan. The advocates of early rising claim as an affirmative argument that early rising markedly lessens the danger of phlebitis, embolism and thrombosis." Frederick, on the contrary, claims "patients should be kept in bed after operation for sixteen to twenty-one days, as complete union in the abdominal wall requires two weeks, and that usually exhaustion from the former disease and operation require a longer rest." I believe the latter is the more sensible, only I would say that the length of time would depend upon the recuperative power of the patient.

UTERINE ARTERIO-SCLEROSIS.

O. C. Welbourn, M.D., Los Angeles, Cal.

This is a disease of advanced years, though it may be found in middle life. Many times it produces no symptoms at all, and the usual senile changes occur in what might be designated as the normal manner. At other times it produces symptoms closely simulating malignant disease, and a differential diagnosis should be made. However, as a matter of fact, it seldom is made, because of a lack of knowledge on the part of the examiner, be he specialist or general practitioner. Of a number of authors before me, only one recognizes this condition by as much as a paragraph. Personally, I have seen about half a dozen cases in as many years.

With an arteriosclerosis present in the uterus, we may have a gradual loss of nutrition to a localized area, resulting in atrophy, or we may have an instantaneous loss of nutrition caused by the formation of a thrombus, resulting in a localized gangrene. The condition first stated probably is what regularly occurs with the advance of years, and therefore may be dismissed as the usual symptoms of senility. But with the second condition the symptoms are distressing and the physical signs pronounced. With the formation of the thrombus there is uterine pain, possibly colic, and general pelvic distress. Within a few days there is a noticeable vaginal discharge of a serous fluid, which at times may be sanguineous. An infection usually takes place, and the discharge then contains pus and becomes odorous. There is developed a mild degree of sepsis, causing a loss of appetite, strength and weight. About this time she consults her physician, and a physical examination is made. The cervix is usually found to be normal for a woman of her age, though an odorous mixture of pus, serum and blood is seen coming from the os. The use of the uterine sound reveals a slight increase in depth and caliber of the cavity, also the absence of a polypus or other tumor, hemorrhagic or otherwise. A bimanual examination reveals the tubes, ovaries and uterus indicative of the age of the patient, and the absence of any indurated tissue in the surrounding structures. This physical examination should be made very carefully, for by this means only can the presence of malignant disease be excluded. However, having finally determined that the condition present is localized anterior sclerosis with gangrene, we are ready to consider the treatment, and, like many other chronic diseases, this may be palliative or radical. The application of a favorite antiseptic in a favorite way, or even the careful use of a sharp curette, are all beneficial, but, in my experience, never curative. What the condition demands is a hysterectomy, with or without the adnexa. The abdominal or vaginal route may be chosen in accordance with the usual indications or personal preference of the operator.

PERI-URETHRAL ABSCESS AND FISTULA.

G. Allan Rowe, M.D., Buffalo, N. Y.

No matter how well we may think we know a thing, by going over it repeatedly we frequently learn something entirely new concerning it or recall some important point that had been forgotten. Since this is true, the thought occurred to me that perhaps a brief study of the subject of peri-urethral abscess and fistula might contribute somewhat to our general good.

Dipping down from the urethral mucous membrane throughout almost its entire length may be found the delicate mouths of the follicles or lacunæ, which in normal conditions empty their secretions upon the surface of this membrane. The principal function of these secretions is that of lubricating the urinary canal. When from any cause the open mouths of these follicles become closed, as is very likely to occur from inflammatory conditions, they

become converted into little bags or pockets of pus, usually termed follicular abscesses, and which appear as small round tumors along the under surface of the urethra, and the pus is discharged in that way without doing any particular damage. Sometimes the loose connective tissue of the urethra becomes involved in the suppurative process to a considerable extent, and we then have what is called a peri-urethral abscess, which, instead of pointing inwards, may point outwards and discharge its contents upon the skin. These abscesses generally appear near the navicular fossa and heal without establishing a fistula.

When, however, the follicles beyond the bulb or in the membranous portion of the urethra become affected or filled with pus, and when the abscess in this locality points outwards and discharges its contents externally, we have a much more formidable pathological condition, the correction of which may severely test our ingenuity and skill. An external opening at this point may properly be termed a urethro-perineal fistula. A true fistula is far more likely to occur from the effects of an abscess in the region of the perineum than elsewhere, for the reason that the connective tissue and fascia are not only in greater abundance here, but more pendant, thus favoring urinary extravasation. Besides, if a section of the lining membrane of these follicles is placed under the microscope, it will usually be found to be lined with pavement epithelium, and this form of epithelium is more susceptible, perhaps, to pus formations than any other. I might say in this connection that peri-urethral fistulæ seldom result from inflammatory processes alone, but are almost always attended with some form of urethral obstruction. For that reason abscesses in this locality do not generally accompany attacks of acute gonorrhea, whereas peri-urethral abscesses in the region of the fossa navicularis do. While it is true that most urethro-perineal fistulæ result directly or indirectly from plastic deposits or strictures of the urethra, yet some may be due to stone or other urinary salt formations.

Treatment.—Urethral abscess in the region of the navicular fossa is not ordinarily very difficult to cure. If pus has formed and is being discharged freely within the urethra, the occasional use of the bougie or light massage will quickly result in a cure. If, however, the abscess points externally, it should be lanced. The sac may either be curetted and packed with antiseptic gauze, or better still, specific thuja in full strength may be applied every day or every other day. This treatment, kept up for ten days or two weeks, will generally result in a cure. Fistulæ in this locality, which have both an external and internal opening, may be freely lanced, curetted and packed with iodoform gauze, or treated with thuja, as above stated. I prefer the use of thuja in recent cases, while in old chronic cases curetting and packing with iodoform or other antiseptic gauze is the better treatment.

In urethro-perineal abscess and fistula the cure will of necessity be more tedious and difficult. Perineal abscesses are often quite large, frequently becoming the size of the two fists, and seriously interfering with walking and sitting. I have seen them as large as this, even without the presence of pus or extravasation. I would remind you that in the management of abscesses

of the perineum violent or harsh methods are quite unnecessary. Especially is this true in the earlier stages, or before the pus bag has formed. At this stage the introduction of a bougie three or four times a week, with gentle massage and manipulation of the abscess, will generally expel any accumulation of pus through the urethra and prevent its further formation. The external application of carbolic salve will help to allay pain and reduce the swelling. With this simple treatment I have succeeded in aborting the abscess and preventing the formation of a fistula.

In the severer forms, hot sitz baths daily or three or four times a week are decidedly curative. Rest in bed, with a light diet, is helpful. Internally I give some mild diuretic or urinary antiseptic, such as five-grain tablets of formin, night and morning, with acetate of potash or fluid extract of corn silk. Antiphlogistine will sometimes prove decidedly curative in some of these cases. Applications of opium and lead water will relieve pain and promote sleep. Hot poultices have never proven satisfactory in my hands, so I seldom use them. Of course, any remedy that is especially indicated may be given. If the abscess goes on to suppuration, it should be promptly lanced and treated the same as an abscess in any other part of the urethra. Lancing the abscess will generally prevent extravasation of urine. The bowels are to be kept free by the use of saline or other laxatives.

In all cases of urinary abscess the formation of fistula should be guarded against by permanent catheterization. The catheter should be used intermittently or retained permanently. Should a fistula result either from spontaneous rupture or lancing an abscess, it must be dealt with according to its needs. Occasionally a fistula will heal spontaneously, but generally it will require the most painstaking treatment. In the earlier stages of fistula cures will occasionally result from irrigating with peroxide of hydrogen several times a day and permanent catheterization. Other cases will require in addition the use of bougies or sounds every other day. Sometimes it is necessary to irrigate both the urethra and the fistulous opening with an active antiseptic agent, such as a strong boracic acid solution or a 1-5,000 bichloride solution. All parts involved must be kept in a thoroughly aseptic condition.

Paring the edges of the fistula and stitching the denuded surfaces together will cure certain cases. When this is done, all indurated tissue must be removed or permanent union cannot be obtained. The stitching is best done over a bougie or catheter inserted in the urethra, and it is always advisable to use a deep and superficial layer of sutures. The deeper stitches must not penetrate the mucous membrane of the urethra, or healing will not take place. I generally use catgut ligatures for the deeper layer and silk ligatures for the superficial. Some cases of fistula will require a plastic operation, though such cases are rather rare. When a plastic operation is required, too much must not be promised, because they frequently fail, and must be repeated perhaps several times. Of course, permanent cure of either abscess or fistula cannot be expected without removing the cause. As the cause is generally a stricture of small caliber, this is best cured by internal urethrotomy.

ECLAMPSIA INFANTUM.

Joseph E. G. Waddington, M.D., LL.D., Detroit, Mich.

Infantile convulsions—acute infantile epilepsy, spasms—though not scientifically classed as a disease *per se,* but inferiorly as a symptom only of nerve irritation, evidence of a more inherent wrong, is yet so common and uniform in its expression as to almost warrant nosological rank, and at least special consideration.

The sudden onset, ofttimes entirely without premonitory warning, of more or less severe rhythmical twitching and jerking of some of the voluntary muscles of the limbs and face, followed rapidly by more or less general spasmodic action of the same, at first tonic, then clonic, with loss of consciousness, tightly clinched hands and teeth, frothing at the mouth, respiration becoming labored, the face hideously distorted and purple—this *tout ensemble* presents a clinical picture not apt to be misinterpreted by either physician or laity, the usual message of "Come quick, Doctor, baby's having cramps," being as common as the self-made diagnosis is correct.

Epilepsy and eclampsia are twin brothers as regards the general clinical picture. To quote from the "Reference Handbook of Medical Sciences:" "An important point in the differential diagnosis between an attack of eclampsia and one of epilepsy is, that in the former the convulsions are not repeated in a series. It is true, attacks of eclampsia may be repeated, but unless the repeated attacks can be shown to have depended upon one or other of the conditions which ordinarily give rise to eclampsia, every repetition of the convulsion renders our suspicion as to its epileptic character stronger."

The history of the case will usually enable one to correctly differentiate between epilepsy and eclampsia, and the treatment of the one is practically the treatment of the other. There is no condition in the whole realm of the practice of medicine which is so calculated to excite terror and anguish in the minds of all beholders, the parents especially, as this condition of eclampsia, and he who can most quickly and safely disperse the above-described phenomena, restoring the distorted and unconscious object of dread back to consciousness and normality, has not only emulated the Divine Healer relieving the man with an unclean spirit, but has impressed himself indelibly upon the minds of all concerned as a physician indeed, one to be remembered and not lightly turned from in future days of need.

Eclampsia as found in children has been divided into four subdivisions, (1) febrile or symptomatic eclampsia, (2) reflex eclampsia, (3) toxic eclampsia, (4) eclampsia rachitis; all of which, being simply and fundamentally interpreted, means that in childhood, when the cerebro-spinal and sympathetic nervous systems are so imperfectly balanced, there being in infants a lack of inhibitory action by the brain over the spinal cord, any disease may be ushered in or accompanied by a volcanic nervous eruption in the form of eclampsia. Right here it is well to impress upon the physician the importance of teaching relatives and friends the danger of too early stimulation

of children's mentality. We are all prone to forget that babes are little animals, in whom the growth of the physical should be allowed full play, unhampered by any hot-house forcing of the immature nerve centers, such psychic forcing being invariably at the expense of the physical. *Mens sana in corpore sano* is a *ne plus ultra* health combination, but let it be ever remembered that the essential qualification for a superlatively sound mind is first a sound body. We should be very careful of these infants, "whose little bodies lodge a mighty mind," that the mighty mind remain, for a time at least, more in *posse* than in *esse*.

The adage concerning malaria, that "any fool can break the chills, but it takes a wise man to prevent their repetition," is as applicable in its general sense to eclampsia as it is comparatively easy to check the convulsions for the time being, but not always so easy to prevent their recurrence, it being essential to a cure that we discover and remove the cause. The acute infectious diseases are often ushered in with a premonitory convulsion, and in excessively high-strung temperaments any and all attacks of disease are ushered in, or accompanied at the time of highest pyrexia, by a convulsive attack, the cure of the disease in these cases usually sufficing to cure the concomitant toxic or febrile eclampsia. Adenoids, enlarged and submerged tonsils, adherent or elongated prepuce and its analogous condition in the female (adhesions of the preputium clitoridis), gravel and vesical calculi, foreign bodies in the ear or nose, are all more or less prolific causes of reflex eclampsia, the removal of said causes being essential to a cure. From the disparity existing between the growth of the physical in favor of the mental during the first years of life, favored by the strenuous and forced intellectuality of this present age, it were not surprising that the *vis conservatrix* should endeavor, at intervals of highest tension, to rid itself of a dangerous overplus by means of a convulsive volcanic eruption.

Chloroform and morphia are the two drugs which are pre-eminently in use by practitioners of all schools for the alleviation of eclamptic seizures. As neither drug is usually thought of for the relief of other conditions in which are found an overburdened vascular and respiratory system, being, on the contrary, considered as strictly non-indicated, it surely were safer and better to employ drugs which, while relieving nerve tension, will simultaneously directly affect, *not* injuriously, said vascular and respiratory system. In gelsemium and lobelia we have, *par excellence*, the means at hand for successfully and safely coping with an eclamptic seizure and the concomitant impeded respiration and disordered blood supply. A fifteen or twenty minim dose of specific medicine gelsemium, given hypodermically, will very quickly and favorably influence the convulsive action, and it can safely be repeated in fifteen or twenty minutes, if indicated. Repeat, in fact, and dose to effect. As long as the convulsive action continues, the gelsemium can safely be repeated and in appreciable doses. If the respiration is much impeded, as it inevitably will be if the eclamptic seizure has continued any length of time or been extremely severe from its inception, Lloyd's hypodermic lobelia, fifteen to thirty minims, should be given, im-

mediately following and in conjunction with the gelsemium. The lobelia appears to act as an antitoxin in all dyspneic conditions, but I have not found its relaxant properties so much in evidence when given per hypo; the gelsemium, however, furnishing all the relaxation needed. It is all but impossible to get a child, who is in the throes of eclampsia, to swallow, or if the medicine be swallowed, the conditions under such circumstances are obviously not of the best for speedy absorption, and without absorption the best indicated remedies will fail to alleviate. The cellular tissue is always available and always absorptive, therefore the initial medication, when called to a case of convulsions, should invariably be given per hypo. The most ignorant of parents will not resent such procedure when assured, as they most positively can be, that one or two doses of medicine so administered will check the terrible and distorting writhing and jerking, and they can readily perceive the difficulty in giving medicine adequately by mouth. Usually after the first hypo, relief will ensue and rare indeed is the case that will not respond favorably after the employment of two or three hypos at most, especially when the lobelia is given concurrently with the gelsemium. As soon as sufficient relaxation has taken place to enable the patient to swallow satisfactorily, one can be reasonably well assured that medicine will then be appropriated by the gastric mucosa, and we will then give gelsemium in from two to five-drop doses, repeated every ten to thirty minutes, according to conditions; no matter how young the child, no danger can be incurred by giving the appreciable doses herein mentioned so long as the eclamptic seizure continues. The following combination I have found to give more uniform good results and act as a preventative against hasty return calls than either of the remedies given singly, no matter how strong the apparent indication for either one alone or possibly some other drug:

Specific medicine gelsemium
Specific medicine lobelia } a.....3j
Sodium bromide
Aq. qs. ad.....℥iv

M. Sig. One-half to two teaspoonfuls every hour; two or three after the initial convulsion is checked; continuing said prescription for two or three days until all signs of twitching, jerking and other unduly nervous manifestations have entirely ceased.

Gelsemium, from its inhibitory power over excessive action in the brain and cerebral nervous system; lobelia, from its general relaxant and antitoxin properties, so especially manifest in the relief of oppressed respiration and concomitant disordered blood supply; sodium bromide as a sedative for exalted nerve action from temporarily increased nerve force and a marked determination of blood to the nerve centre, acting much like gelsemium, though results are not so quickly achieved, but when achieved are more enduring; these three drugs make a synergistic complement to oppose that condition, for which either of its integers alone might be found therapeutically weak or inefficient.

In meningitis and in any acute disease, when slight tremors or twitching

are much in evidence, the sodium bromide in doses of from one-half to two grains, according to age, given every two hours, will, by controlling the excess of nerve action thus manifested, very materially aid the action of other indicated remedies. Potassium iodide in similar doses is often indicated to relieve the cerebral congestion so often a concomitant of these attacks of febrile eclampsia. The familiar hot bath is of doubtful utility; in the average middle or lower class home it is rare to find enough hot water always at immediate command to give it adequately, and to merely immerse, as is too often the case, part of the body, leaving the greater portion exposed to draughts or at least chilly contact with the air of the usually not too well heated room, is more liable to invite than to repel disaster. A blanket wrung pretty dry out of hot mustard water and well wrapped around the nude body of the little patient is as safe as it is efficient, allowing the patient to remain so wrapped for twenty or thirty minutes, with a hot dry blanket thoroughly enveloping the moist one. If the attack follows quickly after partaking of a hearty meal or there is a history of constipation, a hypo of one-tenth or one-twentieth grain apomorphine will quickly relieve the first condition, and a turpentine or lobelia enema as effectually dispose of the latter.

CROUP.

Harvey W. Felter, M.D., Cincinnati, O.

Perhaps no name of a disease has shifted quite so much in meaning as this word croup. The term croup is derived from the Anglo-Saxon *kro-pan*, probably coined from the cough and breathing. In the past it has been used to designate diseased conditions all more or less related, but characterized by the peculiar well-known cough known as the croupy cough. A few years ago a sharp distinction was made into false croup and membranous or true croup, the latter condition being regarded as a distinct disease. To-day, through more exact methods of diagnosis, the profession has largely agreed to ally it with the contagious diseases under the name of diphtheritic croup or laryngeal diphtheria. Even now, when we consult various text-books printed within the last ten years, we find the term croup applied not to one distinct form of disease, but to several more or less closely related laryngeal disorders. Conceding true croup or membranous croup to be laryngeal diphtheria, let us then regard the other forms as false croup. We have been accustomed to regard the latter as of two varieties—mucous croup and spasmodic croup. For our own part, we are inclined to regard both forms so named as modifications of laryngeal inflammation and not two distinct diseases. In the spasmodic variety there may be but little evidence of fever and inflammation, except the laryngoscope be used, when marked redness is evident. We are inclined then to place mucous croup as acute catarrhal laryngitis and spasmodic croup as acute spasmodic laryngitis. If we are to retain croup for any of

these it should be applied to the latter, but it would be far better if we could do away with the indefinite term croup and apply the names suggested —acute catarrhal laryngitis for mucous croup, acute spasmodic catarrhal laryngitis for spasmodic croup, and laryngeal diphtheria for membranous croup. These would indicate at once the pathologico-anatomic nature and location of the disorders.

Inasmuch as the chairman did not indicate the precise form of croup he wished me to discuss, I take it that, inasmuch as he gave me the subject of croup and not diphtheria, he intended that I should concern myself with a non-contagious variety. Therefore I shall consider mucous and spasmodic croup as varieties of laryngeal inflammation, one with pronounced catarrhal and the other with marked spasmodic features.

The distinguishing features of the two modifications of croup are necessary in order to select the proper medication. The catarrhal variety may be recognized by the fever always present even though not pronounced and the evidence of mucous rattling or gurgling when the patient is not coughing. The cough is, of course, distinctively croupal, and once heard is likely to be remembered ever afterward. This is true of croup in each form of the disease. The child has most likely shown evidence of a cold for some hours, but the croupal symptoms attack suddenly and usually at night awakening the little one from sleep. In spasmodic laryngitis there is no evidence of fever or it may be very light; the attack is sudden, without previous warning and the seizure distinctly spasmodic. This is most likely to be conformed with laryngeal diphtheria, but a few whiffs of chloroform cause the spasmodic symptoms to abate in croup and does not affect the whistling respiration in the diphtheritic form. Moreover, the diphtheritic patient is apt to be quite ill for hours or perhaps days before the croupal cough and breathing set in.

The treatment with which I have succeeded satisfactorily in croup is simple. If there is fever the indications are usually for aconite, sometimes also for gelsemium. In the mucous variety from three to five drops of specific aconite are added to a half glass of water and of the mixture so prepared teaspoonful doses are given every half hour. In the intervals stillingia liniment on sugar until abatement of the symptoms takes place. When both medicines are given, less often. A cloth wrung out of cold water is placed around the neck and covered with a heavier dry covering. We have also used with marked success the compound powder of lobelia and capsicum (emetic powder) locally. For the spasmodic element nothing has served us better than lobelia and gelsemium in the usual full doses, but stopping short of emesis. I have never resorted to the emetic plan of treatment; in fact, I have not found it necessary with the foregoing treatment. Often, however, wine or syrup of ipecac has already been administered before we reach the patient. We have never thought it necessary to produce emesis when the symptoms could be readily controlled without it, as these disorders are apt to return each night for three nights, as a rule, unless regulated by treatment. It has been my custom to continue the use

of stillingia liniment in both forms of disease for several days, gradually withdrawing the medicine as the patient approaches the normal condition. While this disease is always alarming death seldom results from it, and the foregoing treatment is pleasant and satisfactory. Cases depending upon abnormal states of the naso-pharynx, such as the presence of adenoids, should, of course, receive the necessary surgical attention.

THE STUDY OF PEDIATRICS AS AN INVESTMENT FOR THE PHYSICIAN.

HARRIET C. HINDS, M.D., ORANGE, N. J.

No doctor will dispute the fact that the diseases of children constitute an important part of his practice. Children not only comprise a large proportion of his patients, but, through the parents, influence a still larger number.

When we attempt to consider this question there opens to our vision so many departments of medicine as a profession that we wonder which ones we might slight and yet suffer no loss in consequence. And we argue from the viewpoint that the little ones are grown-ups not yet developed, and therefore a class not necessarily demanding a separate study. It is true that the full-fledged doctor has been obliged to wade through years of devotion to study in order to fill out the demands of an all-round practice with acceptance.

Can we decide to pass over lightly any one study?

We are now considering this one specialty as an investment. Does it pay to slight the diseases of the little ones in our hours of study? If we look at it from the professional side we realize that we cannot certainly afford to lose any help that thorough study may give us in relation to this class of patients.

Little ones are not always born healthy with strong, vigorous mothers. Therefore doctors are obliged to supply these deficiencies by their knowledge and skill, if life is to be saved and health restored. In the matter of infant feeding alone we meet with serious difficulty and need all the wisdom and experience we can gather. So many babies are artificially fed, owing to the inability or unwillingness of the mother to nurse the child. And here must the doctor be able to advise so wisely concerning the food, that it is digestible and nutritious, and goes to building up the little body. Are the proteids too small in quantity? We soon find that our little patient is not gaining in weight and showing other disturbances in nutrition. Does the little one have attacks of colic and a change in the character of its bowel movements? We think then of reducing the proportion of proteids in its food. In relation to the quantity of fat in the prepared food of the infant, if it takes too large a proportion it will throw off curds between feedings and probably be subject to diarrhea. Sometimes a baby nursed by the

mother may show signs of indigestion through the milk secreted being very rich in fats and poor in proteids. Then the physician must know if the general health of the mother is good, whether her diet is not sufficient or if she has too little exercise. True, we may have all the wisdom of an Æsculapius and yet frequently not be able to correct the faults of nutrition in our little patients. But surely the more we have studied the better we will understand how to assimilate the food to the digestive powers of the baby.

It is difficult to decide when to allow infant foods to be given. They are widely advertised and easily prepared, but not always a suitable food, certainly not for a very young child. They may be substituted for a short time where milk in any modified form seems to disagree. But experience teaches us that they are not adapted to the stomach of a very young infant except rarely as a temporary makeshift.

Congenital defects in the newborn are occasionally met with, but fortunately are not frequent; yet they need previous knowledge and skillful handling.

The general diseases of children are often studied in connection with those of adults' diseases. But there are many minor points (really major) which are not dealt with in these departments. In fact, there are distinct variations in the mode of attack and in the successive stages of the same disease in children which necessitate a separate study. The disorders of the little ones are not easy to diagnose owing frequently to extreme nervous irritability. They are a class by themselves in many respects, and only he who is familiar with these idiosyncrasies can adapt himself successfully to a wise course of treatment.

Now, on the commercial side of the question (for there is one), do we not gain by a thorough study and close attention to the diseases of children? If we look around we see now many practitioners devoting their time and making a specialty of pediatrics. They gain thus public recognition and a consequent increase of patronage. I do not say always specially deserved, but they get the reward of their devotion and sometimes earn it. It is true that looking at the subject financially is not the highest ideal of a successful practice. The honorable physician of to-day is not taking a mercenary view of his life work. The saving of life and the building of a strong healthy body is the greatest reward of his efforts; and he aims to meet on equal grounds the most devoted of students by making a thorough study of every department of medicine his most valued investment.

When acne of the back does not respond to treatment, try a few applications of long strokes with the Paquelin cautery. The results are often excellent.—*American Journal of Surgery.*

The too prolonged use of a drainage tube in an empyema wound may be the cause of a persistent sinus.—*American Journal of Surgery.*

Periscope.

Simplification of Materia Medica Examinations.

Report of the Committee on Materia Medica of the National Confederation of State Medical Examining and Licensing Boards and of the Council on Medical Education of the American Medical Association.

With a view to fostering a more thorough knowledge of the really important drugs, the National Confederation of State Medical Examining and Licensing Boards, at its last meeting in Atlantic City, June, 1909, authorized the appointment of a committee of three, to confer with the Council on Medical Education of the American Medical Association and to compile and to report to this Confederation a list of the more important drugs and their preparations, to which the examination of the constituent boards may be confined, this list to be published in the *Journal of the American Medical Association* as with the approval and endorsement of the Confederation.

In accordance with these instructions, the two committees have conferred by correspondence, and herewith submit a list as requested. Since the instructions of the committee of the Council on Medical Education applied only to the drugs generally used by the profession, it was not deemed advisable to prepare at this time an official list for examinations in Homeopathic materia medica.

In presenting to you the official list of drugs for State board examinations in materia medica, we wish to emphasize the fact that it will accomplish its purpose most effectively if the individual State boards will publicly record their intention of confining their examinations to this list. The chairman of either committee will be glad to receive such assurance.

For the Confederation: M. G. Motter, Chairman, J. C. Guernsey, George MacDonald.

For the Council on Medical Education: Tobald Sollmann, Chairman, Bernard Fantus, Egbert Le Fevre.

OFFICIAL LIST OF DRUGS FOR STATE BOARD EXAMINATIONS IN MATERIA MEDICA.

The following list has been framed with a view of including only those drugs which are commonly conceded to be practically indispensable in the general practice of medicine, and as many preparations as are needed to bring these into play.

It does not aim to contain all the drugs which are of some interest, or even of some importance, but, as has been said, only those which are indispensable. The others can scarcely be deemed fair subjects for license examination. Their selection for purposes of instruction may be safely left to the individual teachers, who, if they wish, can obtain suggestions in the list of the Committee of One Hundred of the Council on Medical Education of the American Medical Association.

The drugs marked with an asterisk (*) are introduced for their toxicologic importance.

FLAVORS.

Syrupus
Syrupus Glycyrrhizæ
Aqua Menthæ Piperitæ
Elixir Aromaticum
Spiritus Menthæ Piperitæ

LOCAL IRRITANTS.

Sulphur Lotum
Ichthyolum
Tinctura Iodi
Liquor Iodi Compositus
Iodoformum
Aqua Hydrogenii Dioxidi
Acidum Tannicum
Oleum Terebinthinæ
Copaiba
Oleum Santali
Ceratum Cantharidis
Aloe and Aloinum

BITTERS, VEGETABLE CATHARTICS AND ANTHELMINTICS.

Tinct. Gentianæ Comp.
Syrup Rhei Aromaticus
Fldext. and Arom. Fldext. Rhamni Purshianæ
Santoninum
Thymol
Resina Podophylli
Pulvis Jalapæ Comp.
Oleum Ricini
Oleum Tiglii
Oleoresina Aspidii
Pelletierinenæ Tannas

EMOLLIENTS AND PROTECTIVES.

Oleum Olivæ
Glycerinum
Petrolatum (also Album and Liquidum)
Oleum Theobromatis
Adeps Benzoinatus
Adeps Lanæ Hydrosus
Acacia (and mucilage)
Collodium flexile
Oleum Morrhuæ (and Emulsum)
Pepsinum

ALKALOIDAL DRUGS.

Strychninæ Sulphas
Tinctura and Extr. Nucis Vomicæ
Caffeina Citrata
Theobrominæ Sodio-Salicylas
Opii, Pulvis, Extr., Tinct., and Tinct. Camph.
Pulvis Ipecac et Opii
Morphinæ Hydrochloridum
Codeinæ Phosphas
Cocainæ Hydrochloridum
Fldext. Extr., and Tinct. Belladonnæ
Atropinæ Sulphas
Scopolaminæ Hydrobromidum
*Nicotina
Homatropinæ Hydrobromidum
Pilocarpinæ Hydrobromidum
Physostigminæ Salicylas
Apomorphinæ Hydrochloridum
Ipecacuanhæ, Pulvis, Fldext. and Syrupus
Aconiti Tinctura and Aconitine
Quininæ Hydrochloras and Sulphas
Tincture Cinchonæ Comp.
Fldext. and Ext. Colchici
Colchicin

BENZOL DERIVATIVES.

Acetphenetidinum
Acetanilidum
Sodii Salicylas
Phenol and Phenol Liquefactum
Phenylis Salicylas
Resorcinol
Creosotum

BIOLOGIC PRODUCTS.

Epinephrin
Gland. Thyroideæ Siccæ
Serum Antidiphtheriticum
Serum Antitetanicum
Vaccina Variolæ

HYDROCARBON NARCOTICS.

Alcohol (and Sp. Frumenti and Sp. Vini Gallici)
Ether
Chloroformum
Nitrogen Monoxide
*Carbon Monoxide
Chloralum Hydratum
Sulphomethanum
Liquor Formaldehydi
Hexamethylenanima

NEUTRAL PRINCIPLES.

Digitalis, Pulv., Infus. and Tinct.
Strophanthi Tinct.
Strophantinum
Ergotæ, Fluidextr. and Ext.

SUNDRY.

Spir. Camphoræ (and Linim.)
*Acid. Hydrocyanic. Dil.
Spir. Glycerylis Nitratis
Amylis Nitris
Oxygen
*Carbon Monoxide

SALINES.

Sodii Chloridum
Magnesii Sulphas
Liquor Magnesii Citratis
Sodii Phosphas
Saccharum Lactis
Ammonii Chloridum
Calcii Chloridum
Potassii Bromidum and Sodii Bromidum
Potassii Iodidum
Potassii Acetas
Potassii Chloras
Potassii Permanganas
Sodii Boras

ALKALIES AND ACIDS.

Aqua Ammoniæ (and Aromatic Spirit)	Sodii Bicarbonas	Acid Hydrochloricum Dil.
Ammonii Carbonas	Creta Preparata	Acidum Boricum
	Liquor Calcis (and Lin.)	

METALS.

Arseni Trioxidum	Tinct. Ferri Chloridi	Hydrargyrum cum Creta
Liquor Pot. Arsenitis	Alumen	Hydrargyrum Ammoniatum
Antimonii et Potas. Tart.	Argenti Nitras	Hydrargyri Oxidum Flavum
Bismuthi Subcarbonas and Subnitr.	Cupri Sulphas	Hydrargyri Chloridum Corrosivum
Ferrum Reductum	Plumbi Acetas	Hydrargyri Chloridum Mite
Pil. and Massa Ferri Carbonatis	Phosphorus	Hydrargyri Iodidum Flavum and Rubrum
Syr. Ferri Iodidi	Zinci Sulphas	
	Ung. Zinci Oxidi	
	Hydrargyri Massa and Unguent.	

[The above report beats any quiz compend to a "frazzle." Nothing will so tend to restrict the teaching of therapeutics as the limitation of examinations to certain drugs. The report is certainly inimical to medicine. Examiners are spreading themselves over the entire field of literary attainments and all the specialties of medicine.

The would-be physician must be able to perform the duties of all specialists, bacteriologists, microscopists, chemists, refractionists, practical or theoretical; but that which makes the successful physician, materia medica and therapeutics, will be limited. Whether the selection is a good one or not, will be in accordance with the experience of the one forming the opinion, and has no weight in bearing on the fact that the movement is a bad one, and worse than any quiz compend, which we have heard certain members of the above committees unqualifiedly condemn.—Ed.]

Pharmacologic Pedantry vs. Therapeutic Facts.

In an article published in the *Therapeutic Gazette* within the last few months upon "The Teaching of Therapeutics," the writer of this note took some pains to point out that while everything should be done to encourage pharmacological research and experimental therapeutics, the time had not yet arrived in which pharmacology had advanced to such a position as to be able to explain or contradict many therapeutic facts, and a recent paper by Sir Clifford Allbutt, Regius Professor of Physics in Cambridge University, England, was quoted, in which this distinguished physician, and at the same time scientific and thoughtful man, expressed the view that it were better for the pharmacologist to follow the pioneer in practice rather than for him to undertake the post of leadership.

At this time, when the profession is more awake than ever to the necessity of looking into all things therapeutic with a critical eye, and simultaneously is desirous of holding fast to that which is good, it is important that those who work solely in the laboratory should not try to displace the established results of practical experience by theoretical reasoning. Because the facts which are at the hand of the pharmacologist do not agree with the facts which are at the hand of the bedside therapeutist, it does not follow that

the latter is in error as to the results which he obtains; and when the bedside therapeutist, not only singly but by the multitude, reaches definite conclusions as to the results which follow the administration of certain remedies, and these conclusions do not seem rational to the pharmacologist, it is the function of the latter to find out why the results are obtained, and not endeavor to prove that they are imaginary. There can be no question whatever that a very large number of therapeutic facts seem at the present time to be arrayed against the results of pharmacological investigation; but facts are facts, and when they are attested by thousands of the past and of the present day, it is futile to deny them.

Attention has been called to this matter once more by an article, entitled "Pharmacological Fetichisms," which is contributed by Dr. W. M. Barton to the *Journal of the American Medical Association* of July 23, 1910. Part of what he says in regard to the futility of employing certain therapeutic measures, commonly resorted to, is true, but much more is absolutely untrue, and however rational his so-called scientific arguments may seem to be, such arguments, we repeat, are futile in the face of facts.

Thus, for example, he states that chloride of ammonium, terpine hydrate and benzoic acid have no expectorant effect, in the sense of possessing the power to increase the secretions of "the pulmonary mucous membrane." The carping critic might point out that in this instance the pharmacologist is ignorant of his anatomy, since it is the bronchial tubes which possess mucous membranes, and not the pulmonary tissues, strictly speaking, but with this point we do not care to deal. The fact remains that chloride of ammonium in particular, and terpine hydrate, benzoic acid and its salts, are universally employed by competent practitioners as expectorants, and that following their use the quantity of muco-pus coughed up by the patient is for a time materially increased. It is brought up more easily, the patient rapidly improves, and is cured at a much earlier period than if these remedies were not used. The argument, therefore, that the remedy is completely absorbed, taken into the portal circulation and there quickly decomposed, and that it is ultimately eliminated as urea and partly as reformed ammonium chloride, and that it does not get to the bronchial mucous membrane as ammonium chloride, does not prove that the administration of the remedy is futile. The argument of the pharmacologist may be correct, but his deductions are erroneous, because, even if his process of reasoning seems perfect, the facts are incontrovertible. His argument only justifies the statement that chloride of ammonium does not act directly upon the mucous membrane of the bronchial tubes as chloride of ammonium, and it does not justify him in making the statement that the remedy is not an expectorant.

So, too, he says that the use of sweet spirits (*sic*) of nitre as a diuretic and diaphoretic is a fetich, and thinks it a pity that he is forced to "destroy this pretty little harmless delusion." Incidentally it may be stated that it is not "spirits" of nitre, but "spirit" of nitre. He then proceeds to state that when sweet spirits (*sic*) of nitre is mixed with water before it is swallowed the nitre escapes, and the only effect left is that of a very small

amount of ether and alcohol, which is negligible, and this statement is made in face of the fact that within the last few years it has been repeatedly found by the clinician at the bedside that the sweet spirit of nitre lowers blood-pressure, just as does nitroglycerine, and that this lowering of blood-pressure is not imaginary, but can be estimated by instruments of precision. Furthermore, if he will, under proper conditions, take a dose of sweet spirit of nitre, he will sweat more than if he does not take it, and if he repeats this experiment under proper conditions, he will have diuresis to a greater degree than if he did not take it. Further, this theorist states that calomel acts as a purgative by its action on the intestine, does not increase biliary flow, and that the bilious purging is due to the fact that the bile is hurried through the bowel. He bases his assertions upon the well-known experiments which have been carried out by a number of medical men in patients who have suffered from biliary fistula. There is no question whatever that in these experiments the administration of calomel has not caused an increased flow of bile through the fistula, but this does not prove that calomel does not cause an increased flow of bile into the intestine. It may not stimulate the liver, but it may have some action on the gall-bladder whereby that viscus is emptied. But whatever may be the *modus operandi,* it may be asserted that if he will take a saline purge, thereby sweeping the contents of the duodenum out of the bowel, and will estimate the quantity of bile passed, and some days later will take a full dose of calomel or blue mass, and estimate the quantity of bile passed, he will find that, however clever his mental deductions may seem to be, his biliary excretion will be increased more by the calomel than by the saline. After five or six copious biliary dejections have occurred, the lower end of the alimentary canal will convince the brain that it is in error when it thinks that calomel does not increase the flow of bile. So, too, he asserts that the use of nitrohydrochloric acid has no more influence upon the liver and its associated functions than any ordinary acid. Here, again, if he will take full doses of sulphuric or hydrochloric acid on different occasions, and then for some days take full doses of nitrohydrochloric acid, he will find, in many instances, that bilious purging is induced. Many practitioners get results in hepatic disorders from the use of this acid that other acids fail to produce. So, we repeat, it is the business of the critic not to condemn the practice of the man who knows by experience, when the condemnation is based solely upon what the critic thinks about it and not on what he knows about it.

With Barton's statement that "colchicum does not cure gout," it seems hardly worth while to deal. We may not know how it cures gout, because the pathologist at the present time cannot tell us what gout is, but there are thousands of medical men, and thousands of laymen as well, who know that colchicum does cure gout, or, to speak more correctly, relieves an attack of gout, although it may not permanently correct the metabolic disorder. Facts also contradict his statement that chlorate of potash is useless in stomatitis. The manner of its action may not be properly explained by those who employ it, but the fact that it cures the condition is incontrovertible.

Laboratory investigators are continually publishing results which contradict one another, and their consistency in this respect is quite equal to that of the general practitioner. Thus, for example, we find that for years past the laboratory worker has been asserting that alcohol never acts as a stimulant to the circulation, but always as a depressant, and that its employment on the part of medical men and laymen as a stimulant is utter nonsense. Now we have published in the *Journal of the American Medical Association* of July 30, 1910, a very clever research by Brooks, of Chicago, in which he points out that practically all the studies heretofore made upon the physiological action of alcohol have been impaired in value by the preliminary use of some anesthetic, or by the mutilation of the animal, and describes the methods which he employed by which such factors were eliminated. He publishes a chart showing a very definite and pronounced rise in blood pressure produced by the injection of 10 c.c. of 25 per cent. alcohol into the vein of the ear, which is rather a large dose, and another tracing showing that when alcohol is administered by the stomach it also causes a very considerable rise of blood pressure, with an increase in the amplitude of the pulse. He believes, as the result of his investigations, that the dominant effect of alcohol, when circulating in the blood stream, is to cause a gradual lowering of blood pressure, but it is evident that the primary effect is directly stimulant. In the same issue one of the editorial staff of this journal has a good word to say for pepsin, a digestive ferment, the use of which has largely decreased because of the statements of laboratory workers. This editorial writer calls attention to the studies of Rose, which indicate that in disease there may be a great diminution in peptic activity, which can be compensated for only by the administration of pepsin, and that not only dilute hydrochloric acid but also pepsin must be administered if the food is to be digested.

An article like that which we have quoted, in which calomel, spirit of nitre and ammonium chloride are condemned, may do good by forcing the practitioner to regard all his therapeutic measures as worthy of careful analysis and study, but it does harm in that it leads the bedside clinician to the belief that those who are working in pharmacology do not know what they are talking about, and so diminishes his respect for a class of investigators who should be encouraged, and who as a class are to be regarded with the greatest confidence. So, too, an article of this kind generates a feeling of annoyance, the generation of which may not be harmful, and which to the author may be amusing, but this feeling of annoyance has very much the same basis for its existence as has the feeling of annoyance which develops when John Jones, meeting James Smith at the corner of a street, coolly proceeds to assure the latter that he is not where he knows he is. James Smith would at once believe that John Jones was insane, or use a descriptive phrase.

Experience shows that the laboratory pharmacologist, when he is taken ill, turns his back upon his theories, and incontinently and voraciously swallows such expectorants or purgatives, or other medicines, as the lowly general practitioner may see fit to prescribe, because illness convinces him of

the value of bedside experience, and his confidence is well placed, for he gets well. As the writer was a pharmacologist for some years before he became a bedside clinician, he has seen both sides of the shield, one in the laboratory and the other at the bedside. He is, on the one hand, an ardent supporter of pharmacological investigation, and, on the other, he has a wholesome respect for the results of clinical experience. It were better if some of the pharmacologists of the day would strive to be upbuilders rather than iconoclasts, since by this means they would more successfully advance scientific medicine, and what they had to say would be listened to with greater respect. The average man wants to be shown how he can improve, not how mistaken he is.

In the way of refreshing contrast, we quote from an article contributed to the *Boston Medical and Surgical Journal,* of July 28, 1910, by Tyrode, who is at once a clinician and a pharmacologist. He says: "In spite of the efforts of cranks on psychotherapy, dietetics and physical therapeutics to abolish the use of drugs or belittle their advantage in the treatment of disease, these therapeutic agents have persisted and are still flourishing after the late passing period of therapeutic nihilism. This is very encouraging, because, unquestionably, great good is being done every day by the proper use of drugs." And again he says: "It is unnecessary to defend the rights and accomplishments of drugs in modern therapeutics, because the results obtained speak glowingly for themselves."

We believe the duty of the physician is:

1. To cure his patient, or relieve him, by the employment of every means which has proved useful in the past.

2. To be careful not to do harm by undue therapeutic activity.

3. To place all his measures upon a scientific basis as soon as science can give him the facts. Until then he must use the results of experience, and hope that a satisfactory explanation for his clinical results will be forthcoming.—*Therapeutic Gazette.*

The General Practitioner.

Speaking of a deceased member of the medical profession, the president of the Canadian Medical Association is reported, in the *Canadian Practitioner* for June, 1910, to have had this to say:

"He it was, or such as he, that Luke Fildes had in view when he painted that great picture, 'The Doctor,' nineteen years ago. Sir Mitchell Banks, of Liverpool, England, made the following reference to it in 1892: 'Of the hundreds of medical men who have stood before that picture I am sure there was not one whose pulses did not quicken with pleasurable pride, or who left it without thinking that it already had been, and again would be, his privilege to fight against pain and suffering and death like his colleague on the canvas. Note where the scene of the picture is laid—not in some rich man's mansion, but in a workingman's cottage. With admirable skill the painter has pitched on the early hour of the morning for the time. . . . The sick child, worn with the raging fever, lies spent and exhausted. Till

then the parents have been fighting on with their nursing; soothing, caressing, encouraging their little one, and hoping against hope seems all that is left to them. And there sits their friend, the gentle doctor, watching with them, and still puzzling his brains to think what more he can devise to stay the lamp of life flickering out. He is no courtly physician, no London specialist, that man. He is only a country doctor. But his somewhat rugged face tells of honesty, and common sense, and self-reliance, and gentleness. What more do you want? The men that look like that man, whatever be their business or trade or profession, whatever be their business, I say, of such men is the kingdom of heaven.' The original picture is now in the Tate Gallery, London. We do not pretend that the majority of physicians are saints or heroes, but we do contend that the practice of our profession furnishes grand opportunities for good work in the interests of suffering humanity. We are proud to think that in all parts of Canada there are physicians who are making the most of such opportunities.

Some may wonder whether Fildes' doctor will continue to exist. We are told that therapeutics is becoming unpopular because there has been in the past, and is now, too much empiricism in our methods of treatment. The all-important subjects among the final branches are diagnosis, prognosis and pathology. It is supposed by some that the 'McClure' and the 'gentle doctor' will go out of fashion, and that the modern physician will struggle louder and puzzle more over his diagnosis, and then in a case such as Filde's sick child he will turn to the mother with a bland smile on his wise face, and say to her: 'Madam, this is really a most interesting case. It has been very puzzling, but I am pleased to be able to say I have made a diagnosis and prognosis. The child has malignant endocarditis, and will die in about five or six hours. I can do nothing more for you now, but I shall call in the morning to make a post-mortem examination."—*Therapeutic Gazette.*

Flexner's Report.

When one reads the report of Abraham Flexner on the condition of the medical schools of the United States, he hardly knows what he wants to do most — laugh at Abraham or flay him as unmercifully as he has scored nearly all the medical colleges in the United States and Canada. The report is so manifestly unfair and unjust that we doubt if it has any lasting or permanent good. For fear there has been a united effort on the part of those connected with the teaching force of the medical colleges, as well as those who are not, to improve in every way the colleges of the country. The preliminary education necessary for admission to all reputable schools has been made much higher and more thorough in every way, and the length of time the student must spend in college before coming up for his degree has been increased to four years of eight months each, and the method of teaching made much more practical and comprehensive. Nearly all States in the Union have State boards before which the embryo doctor must appear and pass his final examination before he is allowed to practice medicine. All this seems to have escaped the notice of Mr. Flexner. It is quite likely that changes for the better could be made in all or practically all the schools of the country, but when one reads this screed of Flexner he feels a sense of belligerency that is difficult to suppress. He seems to see no good anywhere. In-

deed, it would be difficult to conceive of a reported investigation in which the truth was so much distorted, facts suppressed and downright prevarication (to use no stronger term) indulged in than this. As a piece of monumental impudence it certainly stands without a peer.—*Medical Compend.*

The Carnegie Foundation and the Philadelphia Medical Schools.

A special from New York to the *Philadelphia Press*, of June 6, contains, among others, the following statement:

"A sweeping attack on the evils of Pennsylvania's politically-juggled medical charity is embodied in a report which the Carnegie Foundation for the Advancement of Teaching to-day issues on the subject of medical education in the United States and Canada. The Keystone State is described, according to the report, as one of the worst offenders in turning loose on the community, through this wedlock of business and politics, a class of ill-trained doctors who are little less than quacks, when the menace they are to the health of the public is considered.

"The report which makes these startling charges is the result of investigations by Abraham Flexner."

If this newspaper report is true, when Mr. Flexner makes the statement that the Keystone State is "turning loose on the community a class of ill-trained doctors who are little less than quacks," he is guilty of gross misrepresentation. The whole field of medical literature, the records of the Boards of medical examiners of all States supplied with such, those of admission boards of the army, navy and Marine Hospital Service, and of all hospitals throughout the land, are available to demonstrate the high standard of Philadelphia's medical graduates. The State Examiner's records, as Mr. Flexner could have readily ascertained, indicate that physicians trained in this city stand with the foremost in their general averages.

The deductions of Mr. Flexner are as fallacious as his estimate of the standing of our medical schools is misleading. He tells us that out of the 155 medical colleges of the United States "fewer than 30 have acceptable hospital facilities," and yet he decries as "thoroughly objectionable and demoralizing" the fact that the State of Pennsylvania has for years "been distributing large sums," which have enabled Philadelphia schools to build and partly to maintain their own hospitals. What nobler purpose can public money be devoted to than to facilitate both the skilled treatment of the poor and the facilities for adequate practical teaching of applied medicine? Partly through this State beneficence each Philadelphia school is equipped with a modern hospital, and one of them (Temple University) with two, to say nothing of the Philadelphia General Hospital, one of the richest clinical fields in the world, and other fine hospitals open to all colleges. To this fact is due much of Philadelphia's leading position as a teaching center.

Mr. Flexner's view that "consolidation" of medical schools is the proper course to follow serves but to show that his whole fabric is based on pure conjecture. If he fathomed the teachings of centuries of practical experience

—that of Europe—he would have become familiar with the evils of concentration. Within the last few weeks the writer saw the main courtyard of the Paris Medical School filled with troops, police and "plain clothes men," to preserve order during an examination for *agrégés,* so intense was the feeling among the medical profession and students against a system which enabled what they termed "pontiffs," "the elect,"—the faculty, in other words—to arbitrarily select whom they pleased for these important teaching positions. It is the "boss" system personified, even though the "bosses" here are high-classed men, who think, at least, that they are serving the best interest of the school. In our country the results of "concentration," of which Mr. Flexner's plan would be the initial step, would prove far more pernicious, for it is not the modest and learned scientist who would reach the apex of power, but the hustling, ignorant wire-puller. Briefly, France is chafing and trying to rid herself of the very educational aristocracy—which even at best condemns a multitude of excellent men to effacement regardless of their ability—that Mr. Flexner and other theorists, in total ignorance of the teachings of experience, want to impose upon us with the aid of Mr. Carnegie's money!

What experience has taught, is that *the small medical school with ample hospital facilities is the ideal one.* Each student can receive individual attention from the teaching staff, come in contact with patients, and have a sufficient number of these at his disposal to acquire practical experience worthy of the name. The writer will never forget his first two years of study, spent in the medical department of the University of California, then known as the Toland Medical College of San Francisco. There were but sixty students all told, and these had at their disposal the city and county hospital, containing some 360 beds. Besides attending didactic and clinical lectures, and being "quizzed" by his teachers, the student was given charge of cases (only figuratively, of course) and had to report them in full before his clinical chiefs and fellow students, stand the fire of their criticisms and defend himself as best he could. If this did not inculcate practical knowledge, "engrave it on the tablets of his memory," as Professor R. Beverly Cole used to say, nothing could. This was thirty-four years ago. The best European medical schools are steadily approaching this ideal and essentially American plan. It represents also the trend of all Philadelphia medical schools. Each is doing its utmost to raise its own standard, which is already on a par with that of many European schools. Indeed, the records of our State boards suggest even a better relative standard, for while, as stated, Philadelphia graduates are among the foremost in examination averages, European graduates fail with comparative frequency, and those who do pass seldom exceed considerably the passing mark.

On the whole, if Mr. Carnegie wishes to benefit the medical profession at all, and through it suffering mankind, it will not be by accepting the statements of his misinformed agents. He should first realize that immense progress has been made in the United States during the last twenty years in matters of medical education, and that his munificences will prove most useful if they are employed to supply that which is *still needed* to raise our medical

schools to the standard hoped for by their teachers, who, better than any one, are able to discern defects and indicate where improvements might be introduced.

Pending such a step, the writer would suggest, concerning a few of the main features of the Carnegie Foundation Report:

1. That the preliminary education of medical students, in keeping with that of all other classes of American students, will not be materially improved until our preparatory and high schools and colleges will have ceased to neglect spelling and grammar. Medical colleges, by accepting none other than high school and college graduates, can enforce this by refusing to accept (as is the case in France) any examination paper containing more than three errors (credited to oversight or excitement) in spelling or grammar.

2. That the prevailing four years' course, including at least the minimum laboratory work recommended by the Council on Medical Education of the American Medical Association, be raised to five, the fifth year being employed exclusively for clinical work at the bedside and in the dispensary by the students, under the supervision of clinical professors. Clinical examinations by the major professors, before the class at frequent intervals, would then determine his ability as a practicing physician, and his right to graduation.

3. That a medical college should be considered in good standing by the State examining boards only when it can provide ward and dispensary facilities sufficient to carry out such a plan, and submit to periodical inspections by a committee of the said boards.

This plan would work no hardship on schools that have striven to reach a high standard. The number of students would be decreased, but the extra year's fees would compensate for this. Additional clinical facilities would have to be provided, but this would only mean, in most instances, affiliation with one or more local hospitals, whose staff would be given positions as clinical professors. Charity patients, especially dispensary cases (which, owing to their great number, are often cursorily examined and treated), would profit greatly from the change, since carefully worked out histories, correct diagnosis, judicious (supervised) treatment and watchfulness would stand to the undergraduate's credit at his final examination.

It is by fostering the realization of some such plan, which would place the United States at the head of all nations in medical education, rather than by destructive methods, that the Carnegie Foundation could, in the writer's humble opinion, fulfill a great mission.—C. E. DeM. Sajous, in *Monthly Cyclopedia and Medical Bulletin,* July, 1910.

The Flexner Report.

Since our reading of the Carnegie Foundation's report on medical education in the United States—or rather the report of Abraham Flexner to that board—we have done a lot of thinking. How comes it that practically all the medical men we know are earnest, able, scientific workers, if the

majority of them are graduates of colleges which have never had any excuse for existence, according to Mr. Flexner? We have always been in the habit of thinking that the college never makes the whole man. We have also cherished the impression that many scientific prigs have been made through over-education. One may be over-trained mentally as well as physically, and we know of nothing more disastrous to the young medical man. Probably thinkers of Mr. Flexner's type would not concede that there was a modicum of truth in such a statement. He is essentially an academic thinker who believes that physicians can be made according to an exact formula—prescribed by an individual of super-normal wisdom, "a doctrinaire and mere theorist who thinks that men and women are merely exaggerated test-tubes to be put in racks and tested with his special reagents," as Dr. A. T. Bristow, editor of the *New York State Journal of Medicine*, characterizes Mr. Flexner.

Mr. Flexner would doubtless surrender an ulcer of the leg, if he had one, to the care of anybody who looked and acted almost human, provided he was morally certain that the doctor was a graduate of Johns Hopkins—that is, for a very short time; even the Johns Hopkins man would have to give place to a "professor" if the ulcer didn't heal in twenty-four hours.

We don't believe that the majority of practitioners are incompetent to meet the medical demands that are made upon them. We assert with emphasis that our practitioners are resourceful, capable and successful managers of the sick.

We believe that personal acquaintance with Mr. Flexner would sustain our impression concerning his point of view. Is it not practically certain that, despite his culture and attainments and attractive personality, he is one of those people who, when they or members of their families are ill, cannot be treated by a competent, wise, unpretentious and experienced practitioner for twenty-four hours except a "professor" be called in consultation, although the illnesses may range in "seriousness" from eczema to simple intermittent fever? Every reader knows the type—and knows how the sick are harmed by its exponents.

We think that the Carnegie report must be read in the light of this view.

Mr. Flexner's psychology can picture an ideal profession only as a body of professors. That, in a nutshell, is the idea that obsesses him.

If you happen, reader, to be a graduate of a college not affiliated with a university and not conforming *in toto* with the Carnegie Board's requirements you are *ipso facto* disqualified to treat a boil upon Mr. Flexner's neck.—*Critic and Guide.*

Professional Puerility.

Djever stub your toe? Yes, and how you did cuss the darned stone. But the dornick lay exactly where it was, and never said a word.

Molly had a new hat and expected to go to church Easter morning; and behold how the rain poured down. Molly gazed out and energetically mut-

tered the feminine substitute for swearwords. And the rain came down from heaven and fell alike on the just and the unjust, freshening the air and awaking to activity the dormant powers of nature, completing the grand cycle on which depends the continuance of animate life.

The driver overslept, hurried his horses out before they had finished their feed, and the overloaded truck stuck in a mudhole. How the man did swear and abuse his beasts!

The trust magnate concentrated his whole forces on his scheme, labored all day and far into the night, snatched food when and where he could, kept awake with coffee, secured sleep with morphine, and worked on whisky; and one day he fell in a uremic spasm. And the night succeeded the day, and the summer alternated with the winter, and the sun that had pierced the clouds of the carboniferous epoch sailed across the sky, while he lay on his bed and cursed the universe.

Worse yet, and still more childish—Doctors Alpha, Zeta, et al., plunge their hands into the grab-bag and clutch a handful of medicines, fling them at the patient, and because the result of medication with uncertain and doubtful remedies must be uncertain and doubtful, they cuss the drugs.

The boy who hammers his thumb and viciously kicks the hammer is excusable—he is only a boy.

In every form of matter there are certain inherent qualities. To ascertain these and so manage them as to make them useful constitutes civilization. So we cultivate the soil and improve food-plants; we wrest from ores the metals; we harness the powers of nature to our car; we apply our knowledge and intelligence to everything that may be made useful to us—excepting drugs. These we condemn unreservedly because we are too ignorant and too awkward to apply them successfully.

The question in a near-syllogism:

Drugs are substances that exert some influence over the functions of the human body.

Disease presents disorder of the bodily functions.

Apply the remedy that exactly restores the affected function to normal activity and the disease ceases.

The gist of the matter lies in knowing exactly the disorder and the remedy that exactly obviates it, and applying the remedy with exactitude. What else is the practice of medicine?

Exactness is the key to the situation.

"Aha! Now we've got you! What remedy will you give to cure cirrhosis of the liver and build new cells?"

None. We are only men, not gods. The difficulty is that you come in too late, and what you call the disease is only the end-process of a long series, "the ashes of a burnt-out fire." You should have commenced long before, when there was as yet simply a disorder of the hepatic function, without material lesions, and if you had stopped the malady then there would never have been any cells lost.

The trouble is that you have not been practicing medicine but pathology.

Your studies have been in the dead-house instead of the sick-chamber; in printed books rather than in the book of nature. You are unable for this reason to detect the beginnings of disease, when as yet a cure is possible. You stand with the chemist who stops with inorganic chemistry and balks at organic. You may be able to state the chemical constituents of wood, but any woman who loves flowers will beat you out of your boots raising them, even though she may not be able to read or write. Possibly this may apply to the attendance on the sick. Are you *sure* it doesn't?

"Yes, but when you select one alkaloid out of a plant you lose the rest. There are other values in it that are wasted."

How men cling to superstition and mystery. How hard it is to come out into the light of day, to plant the feet on the firm ground of knowledge. There are other values in the plant—very well; get them out and let us examine them, try them out, ascertain their actions and uses and apply them intelligently.

The reason this is not done is the Power of the Rut. Men have been accustomed to administer a drug, and somehow the patient gets well. Just how or why they do not know—but he gets well, and there they stop. And so for ages hyoscine was muffled in henbane, and arbutin strangled by tannin, and gelseminine enveloped in jasmine, and men timorously "tried" these and other drugs, ready at the first evidence of danger to stop and "try" something else—and they thought they were practicing medicine!

The more carefully we study disease in the sickroom, in the living patient, the earlier we must learn to recognize diseases and the more effective will be our treatment as we apply at an earlier period the exact remedies that will correct the evils. These truths are axiomatic; they are not debatable. The facts and the deductions cannot be questioned. One argument remains—the appeal to prejudice.

"You are teaching Eclecticism—the doctrine of specific diagnosis and specific medication!"

Are we men, scientific seekers after truth, earnestly, conscientiously endeavoring to fulfil the obligations of our noble profession and learn the best means of relieving the suffering and curing the sick? Or are we a pack of undisciplined brats, each crying vociferously, "I won't play unless I can be IT?"—*American Journal Clinical Medicine.*

Dermatitis Schambergi.

J. Goldberger discusses what he calls a "disease new to American physicians," dermatitis Schambergi, or the straw itch. This peculiar itching eruptive disease is caused by a small, grain-investing mite. Twelve to sixteen hours after sleeping on an infested straw mattress the first symptom, itching, appears. The eruption, which appears simultaneously, consists of wheals surmounted by a vesicle, pinhead in size, although occasionally it may become as large as a pea. Its contents become turbid and in a few

hours the vesicle is converted into a pustule. The pinkish-white anemic area of ordinary "hives" is rare. The onset in severe cases may be marked by chilliness, nausea and vomiting, and by slight elevation of temperature. The fact that the mite does not bore into the skin renders the treatment simple. Its attachment to the skin is so feeble that it is readily brushed off by the friction of the clothes, rendering local anti-parasitic treatment hardly necessary. A mild sulphur ointment is helpful, and antipruritic treatment is always called for. As the mite cannot live more than a day without food, simply airing the clothes for a day or two will free them of danger.—*New England Medical Monthly,* July, 1910.

[We clipped the above for comment. The disease is not new to American physicians, being common in this section where it has been popularly miscalled "chiggars." Farmers working in harvest fields and threshing become infested as well as by lying on straw mattresses. Personally we have seen no constitutional symptoms, but the pruritus or itching is most intolerable. The wheal is always present, but we have never seen a pustule though we have seen many cases.

Treatment is not so simple, as we have found the itching difficult at times to allay. The worst cases witnessed have been at threshing time, when all the men at work would become infested. Anointing the skin with any emollient will prevent an attack and is one of the methods employed by the farmers in this community.—Ed.]

Habit Influence on Pharmacy.

The influence that habit exerts over not only an individual life, but connected lines of individual lives, cannot be escaped. The habit of a father becomes often second nature with the son, whose fixed habit in this line embraces much of the father's field, and thus creates a series of habits, in which often the beginning is lost together with its past necessity.

Well has this subject been pictured in allegory by the Eastern philosopher, as recorded in the Arabian Nights, where the old man of the sea wraps his legs about the neck of the man who carries him and cannot shake him off.

But let us return to pharmacy, and see whether we in American pharmacy are tinctured with habits that have been fixed upon us from the days gone by.

Consider a modern pharmacy and contrast its interior appearance with that of the pharmacy of fifty years ago. Then examine prints picturing the apothecary's store in medieval European times, and note the similarity of some of the present features of remedial display. In each we find the conspicuous feature of the display room to be rows of bottles and of jars containing both liquid and solid materia medica remedies, presumably important. Let us study the word presumably. Are these display remedies now as important as they were in the days when the habit of thus displaying them was formed?

This is not the first time the author has made reference, either in print or in lecture, to the fact that the habits of the past, to a considerable degree, dominate the appearance of many drug stores of the present, in directions where, if the interior of the apothecary's shop were constructed for the utilizing to the best advantage the space for the special needs of the present, a very different method would prevail.

The rows of bottles with fixed glass labels that have stood undisturbed in their places often for years, perhaps for over a quarter of a century, contain remedies that are in many instances obsolete, in others nearly so. Yet the bottle fills a place that is much needed for something now in active use. For example, the writer stood recently in an apothecary's store where forty-five years ago he was a frequent visitor. Glancing over the bottles still in place, he recalled vividly the labelling of former days. Each label was a familiar reminder of days gone by, but the prescriptions to-day presented in that store and the domestic remedies now in demand render a great proportion of these bottles useless. Mere creatures of habit, they are clinging to their places as firmly as did the old man of the sea, pictured in Arabian Nights. The ointment jars of the olden times in many pharmacies of this country occupy yet conspicuous positions, but in themselves are relics of former usage, their labels being merely reminders of former prestige. Take, as does this writer now, a book portraying by illustrations the type of pharmacy of the days of Louis XIII, and the resemblance therein to modern pharmacy in America is most striking. True it is that many of the remedies occupying conspicuous places on those shelves are to-day no longer used or prescribed, but yet, as reminders of those times many in place to-day are close-connected therewith.

The question then arises as one considers this phase of the subject, does this habit of making conspicuous rows of bottles whose contents are largely relics of the past parallel somewhat the habit of putting into the front window of the pharmacy bottles of colored liquids to indicate that this place is a drug store? Has the method of times gone by, in which the contents of these bottles were utilized in the filling of prescriptions which no longer come from the physicians of modern times, grown to be a habit that is so firmly fastened upon the pharmacist of to-day, as to render it necessary that the most important space in a pharmacy, where it is desirable to utilize every inch of space, be filled with what is now an insurmountable obstacle to progress? If, for example, this writer has become properly impressed with the phase of the subject as to what should constitute the interior view of a pharmacy, in connection with what the pharmacist now sells as medicine, and what the pharmacist needs to have convenient when he sells medicine, he can, perhaps, in a conservative way, be warranted in suggesting that, in his opinion, the prescription cases, as well as the remedies used in domestic practice of the present day, should accord with the demands of the present. If a pharmacist reading this article will make an inventory of the contents of the "front store" shelf bottles described herein, and then study his business from the sphere of the activity of the remedies now demanded, it is

probable that he will be surprised to discover the number of preparations prominently displayed that could well be spared to await in a dark closet or in the cellar a prescription that may come next year or may come never.

Let it not be understood that this article is to be considered as in the least pessimistic or hypercritical. It is simply a questioning concerning a subject in which the writer's reflections are surely, in some instances, correct, even though in other directions they may be wrong. The question is, to what extent does this old man of the sea, whose prime of life was in the days of European medieval medicine, hold in his destroying embrace the pharmacist of the present. Are these display bottles that so conspicuously strike the eye of him who enters more than one modern American drug store to be more or less compared with the wooden Indian who stands in front of the tobacco shop, or with the three balls that hang over the door of the pawnshop, or with the red and white striped pole before the barber shop, or with the jars of colored liquid in the front window of the apothecary, that are no longer accompanied by jars of snakes and toads and frogs, as was true of the shop in which this writer half a century ago was apprenticed?—JOHN URI LLOYD, in *The Pacific Pharmacist,* May, 1910.

Limitation of the Caloric Method of Infant Feeding.

Henry Dwight Chapin, of New York (*Medical Record,* May 28, 1910), states that caloric feeding of infants is a failure, on account of the absence of any index of the amounts of protein needed for the infant's growth. If only as much heat-producing material is taken in as there is heat given off, there can be no storage of protein for growth. The amount of food needed for growth cannot be determined by the amount of heat excreted. Foods that are of equal heat-producing value, and equally digestible are not interchangeable for different individuals.

Better Medical Practice Act Wanted.

The *Bulletin of the Medical and Chirurgical Faculty of Maryland* discusses the evils of the medical practice act in Maryland, and starts an agitation for "a new model practice law the central plank of which should be the single-board idea." . . . "After the brilliant series of successes achieved by the faculty during the last session of the legislature, there can be little doubt that the lawmakers who will assemble at Annapolis in 1912 will enact into law any essentially good medical practice act which has the support of a united medical profession."

DR. M. C. BROSKER says that fifteen drops specific rhus aromatica and four drops specific tincture thuja in a little aromatic elixir of licorice and water four times a day has never failed to cure enuresis where this treatment was tried in his hands.

The National Eclectic Medical Association
QUARTERLY

WILLIAM NELSON MUNDY, M.D. . . . . EDITOR.
FOREST, HARDIN COUNTY, OHIO.

Advisory Board..... { J. K. SCUDDER, M.D., Chairman. E. J. FARNUM, M.D.
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TO ALL ECLECTICS GREETING.

The time has come when every Eclectic must stand by his colors and make known to the world the faith that is in him. A new interest has been awakened in Eclecticism, and it is highly important that every member of the cult should catch the enthusiasm and help boost the cause. More than a passive interest is necessary to bring about the desired results. Every man should strive to do his best and then he can consistently urge others to do their part. Merely to idly wish without acting accomplishes nothing. There must not only be a personal interest, but a purpose and determination to do the utmost.

The methods in vogue during the past for conducting the school of Eclectic medicine answered well and gave gratifying results. But the same means are not always the most suitable or successful. Changes take place and new conditions develop that require different treatment from the old. Eclecticism is called to face and solve new problems of policy and management or fall behind in the race for success. It is either advance or retrograde, improve or deteriorate. The evidence of progress and prosperity in our midst at the present time is manifestly in our favor by changes which have been started in the direction of improvement. There is a growing interest all along the line to have every Eclectic made active by joining his local and State societies and through them become a member of the National Association. There is a tendency to centralize in everything and the strength of Eclecticism centers in its national body. Each is a part of the other and all are united in one, but the work of organization will not be completed until every Eclectic in the land has joined the National.

All Eclectics should be good friends and harmony must prevail in order to achieve real success. It is better to believe in the integrity of a tried friend than listen to the mischievous gossip of strangers or the false accusations of enemies. Let us all act on a basis of confidence towards each other and doubt no one until we must. If it is ever known that there are

any traitors in our camp let them be summarily bounced, but such a prudent act need not make enemies of friends. Instead, there is cause for congratulation that the ranks have been purged of disturbers and trouble breeders. The National does not seek to punish anybody much less any of its loyal members, but asks the loyalty, good will and active interest of every Eclectic. We cannot afford to let ourselves be deceived or cajoled by the enemy, but must ever be on our guard and see that equal justice is done to all. Constant vigilance is the price of liberty, and as soldiers fighting in a good cause we must ever be wide awake and not be found asleep at our post.

J. A. Munk.

NO SURPLUS OF DOCTORS.

Perhaps one of the best answers to this question, whether there are too many doctors, will be given by asking another, Is life worth living? The answer is that depends upon the liver. So the answer to the question, Are there too many doctors? may be given in a similar manner, That depends upon who asks the question, and, therefore, whose interest is to be affected by the answer.

Doctors, as a class, are the most disinterested men either in or out of the professions. Why? Because they are using every means in their power to prevent disease and so to destroy the very thing upon which they live. Is there any other class of men who are earnestly striving to destroy the source of their income? For everyone knows that people do not pay the doctor for keeping them well, but for restoring them to health when they are ill.

The doctor is like other men engaged in callings whose services are very often needed in an emergency, as are those of a policeman or fireman, who when wanted are wanted in a hurry. But, unlike the policeman or fireman, the doctor is not paid by the city, or by anybody else to be on duty in his office, ready to go, night or day, at a moment's notice.

It is undoubtedly true that for the first five or ten years after a doctor has taken an office and put out his shingle he may not do enough paying practice to keep himself and pay even moderate expenses. This has been the experience of many of our most successful doctors of to-day and of the past. But this is no proof that there are too many doctors.

It is quite certain that all men who graduate from a medical college do not become successful doctors, no matter how highly they may be educated, nor does it matter from what college they graduated, for all must pass the examination of the board of registration in medicine, and receive from that board their license to practice, before being allowed to put themselves before the public as physicians. In this respect they are treated precisely the same as graduates of a law school, who are required to take the bar examination.

It is, therefore, not a question of college, but a question first of all of a love for the work, not merely a love for a title; but a good, thorough medical education.

On the other hand, there are many examples of very successful physicians whose education, outside of a medical course, has been very meager. We have plenty of examples of this in all professions. There will always be the survival of the fittest. Take, for example, the born musician, and compare his work with that of the man who has been trained ever so thoroughly but has no real love for the work. What a contrast will be found! Or take the artist.

I call to mind the case of a boy, a born artist, whose parents either had not the means or the disposition to give him an education in art. Presenting himself at the studio of an artist whose windows overlooked the harbor, he begged for an opportunity to enter the studio with him. He was willing to do anything to prove his earnestness. At that moment a steamship was just starting out. The artist said to the boy, "Go and make a sketch of that moving vessel." The boy started at once, and while the vessel got under way he made the sketch and carried it to the studio and presented it to the astonished artist, who at once took him as his student.

The same is true of a mechanic. You all know of cases of what is called the handy man, who can do anything that comes in his way, from cleaning his watch to building a house. Contrast such a one with the man who never could drive a nail without hammering his fingers.

The physician or surgeon is no exception to this rule. You may give a man all the education you can cram into him, so that when he is put through his final examination you cannot stick him on any question; and yet, as soon as he is called to attend the sick, he does not know nearly so well what to do for his patient as a good common-sense neighbor who may have been called in. And yet such men not infrequently make the very finest teachers or writers. But they do not possess that quality without which no man can become a successful physician.

Of the real genuine doctors how can there be too many? Let the people themselves give their answer to the question, are there too many doctors? A mother, or father, or child is taken suddenly ill, or meets with a serious accident. At once one or more persons are hurried off to find a doctor. They rush from one doctor's office to another. If it happens to be during the ordinary visiting hours, not one of them is at home. Finally they come across the office of some young doctor who has no calls to make, or some obscure man who has not the means to live in a more prominent place. So, after a longer or shorter hunt for a doctor, they find one. If, now, that doctor is equal to the emergency, that call will prove the stepping-stone to a good practice. What will be the answer of the people with experience to the question, are there too many doctors? What will be the answer of the busy doctors? Surely they will not say there are too many doctors, for they are being worked night and day. But what about those who are not able to do enough practice and collect enough money to meet moderate expenses? They may, perhaps, say there are too many doctors, and that some of them should be driven out of practice to make more work for those who would be left.

This reminds me of the case of some mechanics who, in consequence of shortness of work, had had their hours cut down. A few of the older ones in the service met together to talk over the situation. They finally decided to send one of their number to their employer with the suggestion that, instead of cutting down the hours of all, they should discharge a sufficient number so that those that would be left might have a full week's work. The employer took the suggestion into consideration. Finally the same man was sent for to come to the office. The employer said: "We have considered your proposition favorably, and will adopt it. After next Saturday your services will not be wanted." JOHN PERRINS.

PNEUMONIA.

The April number of *American Medicine* contains a symposium on pneumonia, which is not only interesting, but instructive as well. Though we do not agree to some of the principles laid down as to treatment, we reproduce it, however, for the purpose of comparison.

It is frequently claimed that "comparisons are odious." Yet they often make intended lessons more impressive by appealing both to sight and our mental faculties.

The first item that appealed strongly to me was this: "All available statistics point to the fact that pneumonia is increasing. During the last forty years the mortality from pneumonia has increased from 4.4 to 10.45 per thousand inhabitants." Several tables follow, indicating that it prevails with greatest frequency during the months of February, March and April; that the greatest number are attacked between the ages of twenty and thirty years; that of a total of 888 cases in males, 32.79 per cent. occurred at this decade, and that among 3,217 females 26.51 per cent. occurred during the same decade. These figures should cause one to think. We are positive, however, that the percentage of deaths fall far short of this in our own practice, and we feel confident that it is true of this locality. We have long been convinced that pneumonia is more serious in some localities than in others. We believe that it can be shown that along the sea-coast, the borders of our great lakes and cities of high altitude furnish the major part of the large fatality.

Our main purpose in referring to this symposium is the comparison of the treatment. Eclectics are said to be "drug mad." We are glad of it, as we are enabled to furnish a rational treatment for diseased conditions, and not such a chaotic condition as is prescribed by this symposium.

Let us compare the treatment as outlined by the writers, and then ask yourselves the question: Ought therapeutics be taught? Has the mission of the liberal schools been fulfilled?

"The worst case I ever put out in the sun we shoveled away the snow so that there was a bank on all sides and

"I am not in accord with people who teach that cold winds or south winds are very valuable. . . . I indi-

"I do not believe in exposing broncho-pneumonia cases to cold air, but I believe in giving lobar cases cold as well as

"The actual fresh air or roof garden treatment, to my mind, is an exaggeration and a passing fad. Usually and

we stuck him out there."	vidually should say I cannot expose a child who is cyanotic in a room filled with cold air."	fresh air and fresh air always to broncho-pneumonia cases."	especially in very cold or changeable weather, I am convinced it will soon be abandoned by thoroughly sane, level-headed practitioners of wide experience."

So much for the fresh air treatment or novelty. Now let us compare the dietetic part of the symposium:

"The food should be cut down and ordinary articles be cut out; milk should be the diet."	"Food is important in pneumonia, and I object to too great limitation of the things which may be given. . . . Milk broths, eggs, jellies, custards, etc., are unobjectionable. Solid food during the febrile stage should not be given."	"In all acute fevers milk is the best food. . . . Grape juices, meat broth, soups, whey and cereals may all be added to the list."

What probably interests most is the application of remedies to the diseased conditions, or "the therapeutics of the disease."

"Counter-irritation to the chest walls is desirable; as to the ice bag or cold compresses to the chest walls, I disapprove of absolutely. Poultices I also disapprove of as a rule. "When pain, dry cups, electric pad, hot water bag, leeches, hypodermic of morphine and strychnine. "Saline injection by lower bowel. For fever, sweet spirits of nitre, sponging by alcohol or vinegar and water, mixed bromides. For heart, digitaline. Sera and vaccines—I know of none that practically have borne the tests sufficiently to justify confidence in their curative efficacy."	"When pain is severe the hot water bag or hot chest pack. To reduce the temperature the applications of cold chest pack. "Cleanse the bowels by calomel one-sixth, podophyllin one-eighth, followed by magnesia sulphate. For congestion, aconitine, digitaline, veratrine, nuclein, strychnine. For chest pains, bryonine, hyoscyamine. Delayed resolution, fibrolysin. Pleura involved, bryonin, asclepedin."	"It would seem from the above evidence that the pathological conditions resulting from acute pneumonic infection can be relieved, removed or modified by injecting subcutaneously killed bacteria of the species causing the diseased condition."

Passing from the symposium to our modern text-books, we quote as follows for the purpose of continuing our therapeutical studies. We will use for our study four modern books, to be compared with the more recent journal, a few items only to be mentioned, to conserve space:

"Medical treatment has no positive influence upon the course of the disease. The nourishment should be fluid. Locally, cotton jacket with oiled silk. Poultices for relief of pain; lastly use ice bags. Brand system of bathing unsatisfactory. Temperature relieved by baths, packs, aconite.	"As pneumonia is a self-limited affection the principal object is to support the powers of life until the crisis is passed. Diet light, chiefly liquid, but nutritious.	"Pneumonia is a self-limited disease and runs its course uninfluenced any way by medicine. Ice bags to affected side. Sponging or baths is of no benefit.	"Nourishment, by milk. Dry cups, ice caps, calomel, quinine, antifebrin, digitalis, phenacetine.

"Alcohol, strychnine, nitro-glycerine, oxygen, morphia, codeine, bromides."	"Alcohol, strychnine, digitalis, nitro-glycerine, atropine, oxygen."	"Alcohol, strychnine, opium, Dover's powders."	"Alcohol, opium."

We will now compare just a few sentences we find in the journal with some taken from text-books in use by those who are "drug-mad:"

JOURNAL.

"To treat pneumonia will not do, to institute routine procedures is entirely useless, but, naturally, certain fairly constant conditions will be observed, and these almost always yield to the same remedial measures. . . . A clear idea of the conditions they have to deal with and familiarity with definite remedial agents and methods have brought about the change."

SCUDDER, 1880.

"Whilst I do not believe we will ever have *specifics* according to the general acceptation of the term, single remedies for the cure of a disease according to our present nosology. A remedy to arrest inflammation of the lungs . . . I am satisfied that the medicine of the future will consist of specifics for pathological conditions. In a case of pneumonia there is authority for the use of a hundred or more different remedies, but the selection was left to the practitioner's judgment."

THOMAS, 1906.

"Pneumonia is a typhoid inflammatory disease, and if we have remedies that will overcome these conditions we certainly have remedies that are curative. Wrongs of the circulation occupy the first place in many cases, but not in all. Wrongs of the blood itself precede in others whilst in another class wrongs of the nervous system take precedence. Such being the case, *conditions* have to be met and overcome before we can effect a cure and it is this prescribing for *definite conditions* that brings about success."

JOURNAL.

"The physician who is slowly but surely passing away gave fearful and wonderful medicines said to be good for 'certain diseases' too often failed to reach the disease, but in trying to do so destroyed his patient. The precise therapeutist treats patient, re-establishes the equilibrium of the deranged vital processes and cures disease."

SCUDDER, 1880.

"Many persons are in error in regard to our use of the term 'specific.' They think of a specific medicine as one that will cure all cases of a certain disease, according to our present nosology, as pneumonia, dysentery, etc. . . . We use the term 'specific' with relation to definite pathological conditions and propose to say that certain well-determined deviations from the healthy state will always be corrected by certain specific medicines," etc.

JOURNAL.

"The method of procedure which has proven most successful is outlined in detail herewith. It must be borne in mind, however, that perfect results are only secured by adherence to a perfect technique, and that medication must always be modified to meet the conditions present in the individual under treatment."

FYFE, 1909.

"Eclectics do not administer specific medicines for specific diseases as they are classified by the generally accepted nosology. They prescribe specific remedies for specific pathological conditions; that is, they divide diseases into their component parts, and prescribe for them in accordance with the symptoms—disease expressions — presented. . . . The words 'specific diagnosis' are employed in the work as a means of designating a diagnosis of a specific pathological condition (not a disease), which can be removed or at least opposed by a specific remedy or remedies."

THOMAS, 1906.

"Eclectics do not advocate or administer specific remedies for specific diseases, such as a remedy or combination of remedies for pneumonia, typhoid fever, dysentery, etc., but do prescribe specific remedies for specific pathological conditions."

JOURNAL.

"To relieve local congestion, three drugs exhibited conjointly prove pre-eminently efficacious. Aconitine, digitaline and veratrine are exhibited half hourly or hourly until the skin moistens, temperature falls and the pulse rate reaches 80 or below."

THOMAS.

"Thus in the first stage there is usually an active condition of the circulation; the heart beats rapidly, the pulse being full, strong and bounding, the capillaries become full and distended, giving us the stage of engorgement. . . . If we are to relieve this engorged condition, . . . I know of no remedy that will accomplish this and with such happy results as veratrum. There are cases where the opposite condition exists, the pulse is small and frequent and shows debility. Aconite in small doses slows the pulse."

JOURNAL.

"When the pleuræ are markedly involved it is well to give bryonin and asclepedin together every two hours till improvement takes place.'

SCUDDER, 1881.

"The special symptom for bryonia is the pleuritic pain. Though not as active as bryonia, asclepias will be found a most excellent remedy in some cases. There is pleuritic pain, but the pulse is not hard, and the skin shows no inclination to moisture."

THOMAS, 1906.

"Bryonia when the pulse is hard and vibratile, when the pain is sharp and lancinating. . . . It also favors absorption of the exudate. If the pleura is involved, it is an additional reason for its use. Asclepias.—This is another excellent remedy in diseases of the respiratory apparatus, and occupies an important place in the treatment of pneumonia, it overcomes the dryness of the skin, relieves tight, hard cough, modifies the sharp pain and hastens absorption."

It is evident that if our critics would only take the trouble and time to honestly and fairly investigate or read our literature, they would learn that we are leaders and not followers in modern therapeutics, and that they are borrowing without giving credit to whom credit is due.

Attention was called in our September issue to a rank misstatement regarding our position on therapeutics. The article on "Sectarian Medicine" in the recent "Report of the Carnegie Foundation," and which has been so favorably commented upon by the lay and many medical journals, is a misrepresentation in many respects of the so-called sects in medicine, and evidences that the person writing the report had not taken the trouble to inform himself.

Personally, we doubt the authorship, as it bears the earmarks not of a disinterested layman, but of an intensely interested person passing a verdict upon a case prejudged. It is so full of animus, intolerance and bias that it destroys its own case. M.

Death of Dr. C. Edwin Miles.

The sudden death of Dr. C. Edwin Miles, of Boston, Mass., October 1, 1910, removes from the activities of this life one of the most prominent of Boston physicians and an Eclectic whom it was a privilege to honor. He was born at Stow, Mass., December 31, 1830. His ancestors were among the earliest of Massachusetts settlers (1637). His great-grandfather literally

left his plowshare in the mold and rushed to his country's defense in the "Concord Fight." Dr. Miles graduated from the Worcester Medical College in 1859, and since then has practiced continuously in Boston—a period of fifty-one years. Dr. Miles was a noble type of the New England gentleman—kindly, gracious and courteous. An admirer wrote of him: "The history of Dr. Miles is that of a quiet, painstaking man, diligent in his calling, conscientious and faithful in the performance of duty, and exemplary in all the relations of life." Dr. Miles was elected president of the National Eclectic Medical Association at Indianapolis in 1872, and re-elected at Columbus, O., the following year, an honor not conferred upon any other physician up to that time. Though venerable and quite feeble, he was a central figure in the last meeting that body held in his home city of Boston in 1910. Our excellent frontispiece has been kindly loaned by the *Gleaner*. For a full sketch of Dr. Miles see *Eclectic Medical Gleaner*, July, 1907, p. 257.

The Lloyd Library Enriched.

Mr. Curtis G. Lloyd and Prof. John Uri Lloyd and his wife, Emma Rouse Lloyd, have formally deeded to the Lloyd Library a tract of ninety-three odd acres of ground, located at Crittenden, Grant County, Kentucky, on the historic highway, the Lexington Pike, for a botanical and ornithological preserve. Upon it still grows one of the primitive forests, never cut by an ax, now so rare, and an unusually wide and varied botanical distribution of native shrubs and plants is to be found therein. Thus the Library grows in usefulness, and posterity will be doubly grateful for this munificent gift, which is to be maintained as a natural park, for benefit of the public. To this it may be added that provisions are being made for increased acreage, in which an arboretum of shrubs and botanical plants will be established.

Applications for Membership.

The following list of applications have been received from the various State societies since the Boston meeting. They will receive the QUARTERLY and be voted on at the next annual meeting in Louisville. A printed list of our entire membership will be mailed to each member some time in January.

KANSAS.

Wimmer, Henry, Achilles.
Branson, C. P., Harper.

TEXAS.

Henderson, A. L., Ft. Worth.
Wimer, W. W., Gober.
Willett, H. L., Newton.
Williams, G. W., Mercle.
Salter, J. M., Shannon.
Seagraves, S. L., Era.
Remy, W. O. B., Wilmer.
Morrow, W. C., Trenton.
Heard, E. F., Goree.
Gragg, L. F., Archer City.
Duren, V. E., Sabinal.
Cobb, D. B., Blanket.
Bonebrake, Anna B., Dallas.
Bellamy, C. H., Dallas.
Arendt, E. J., Dallas.
Owens, J. F., Plainview.

OHIO.

Chamberlain, H. H., Canton.
Cloyd, H. S., West Alexandria.
Brubaker, M. M., Covington.
Palmer, O. A., Cleveland.
Martin, H. P., Chillicothe.
Trisler, L. W., New Vienna.

WISCONSIN.

Hill, G. R., Kendall.

OKLAHOMA.

Tucker, Dixie B., Sulphur.
Tucker, Wm. M., Sulphur.

PENNSYLVANIA.

Fritts, W. H., 535 N. Eleventh St., Philadelphia.
Haxen, J. H., Titusville.
Kaiser, A. J., Frugality.

ARKANSAS.

Smale, W. W., Hot Springs.

Reprints of Stephens' Article.—We have had quite a demand for reprints of the article on "The Eclectic School of Medicine," by Dr. A. F. Stephens, of St. Louis, Mo., printed in our September issue, and while the original intention of the Advisory Committee was to distribute these free, we must limit them to quantities of one hundred, which we will send in receipt of thirty cents for postage only. Five hundred copies will be sent prepaid for $2.50 to cover actual cost.

Arkansas.

Maskell C. Carr, M.D., is located at rooms 28, 29, Masonic Temple, Little Rock. This was formerly the office of the late Dr. A. J. Widener.

California.

Several changes have been made on the college faculty. Dr. James Beard will fill the chair of practice of medicine; Dr. O. C. Welbourn, physical diagnosis, and Dr. S. A. Sauger, physiology.

The Los Angeles County Eclectic Medical Society met September 6 at the College. The essayist was Dr. Fullmer, his paper being entitled "The Dietetic Trend."

The California Eclectic Medical College was ordered by the court to grant diplomas to the Osteopathic students. The California Medical Board ruled that Osteopathic students should be granted credit for work done. Under this ruling the same was accepted by the college. The board rescinded their action, and as a consequence the college refused the credits to the students. A suit followed, and the court ordered that the diplomas be granted.

Dr. G. W. Harvey has removed from Ripon to Millville, Shasta County.

Dr. W. S. Fowler has removed from Bakersfield to Los Angeles.

Dr. J. A. Munk has been on a trip in New Mexico and attending the annual meeting of the American School of Archæology at Santa Fé. Incidentally he has been spending some time among the cave and cliff dwellings and the ruins of the ancient city of Pu-yé.

Dr. J. M. Baker has moved from Berkeley to Lompoc.

Dr. B. N. Childs has moved from Adin to San Bruno.

Dr. F. G. De Stone has moved from 711 Pine Street to 1336 Jackson Street, San Francisco.

Dr. G. W. Finch has changed his address to Hotel Chapman, 5th and Wall Streets, Los Angeles.

Dr. A. P. Baird has retired from practice and is making an extended visit in Scotland.

Georgia.

Papers received from Atlanta report our old friend Dr. W. M. Durham as active in many lines. The doctor has just been elected adjutant and clerk of the Forty-second Georgia Regiment.

The Georgia College opened with every prospect for a large class. Improvements have been made in building and curriculum. We have received its seventy-first annual announcement. They report a class of 100, with prospects of 125.

The Hospital Medical College, Atlanta, opened for its third annual session September 15.

Illinois.

Northwestern University announces that the requirements for admission to its medical school hereafter will be two years in college. Under present conditions students registering for the medical department are required to show only one year of college work. The new plan is expected to go into effect next year.

Indiana.

Alumni of the Indiana University School of Medicine have, so it is stated, been asked to take up the cudgel in behalf of Dr. S. G. Smelzer, of Richmond, who has been charged by four older members of the State Board of Medical Examiners with incompetency. The result has been considerable ill feeling and trouble for the board. The Governor finally decided the question.

The Northeastern Indiana District Eclectic Medical Association held its first meeting at Huntington, Wednesday, September 21, 1910. A good program was faithfully carried out, only one of the essayists being absent. We call the attention of the Eclectics of this district to the society and urge attendance upon the same. It will meet quarterly, the next meeting to be held in Marion. Get in touch with the secretary, W. F. Smith, Huntington.

Dr. H. W. Detrick is located at Union City.

Iowa.

Official word from the State University of Iowa says that this fall and hereafter, in addition to a high school education, two years of collegiate work, including courses in physics, inorganic chemistry and biology, will be required for admission to the College of Medicine and to the College of Homeopathic Medicine. It is reported that the State Board of Medical Examiners has made this the minimum requirement after January 1, 1911.

A. C. Moerke, M.D., of Burlington, is the newly elected president of the State Board of Medical Examiners.

Kansas.

The July number of the "Bulletin of the Kansas State Board of Health," aside from the table of vital statistics, is almost wholly taken up with an article on epidemic anterior poliomyelitis, a disease which prevails to some extent in Kansas. In addition to the symptomatology, course and pathology of the disease, the history of the present epidemic is given. The bulletin is illustrated with micro-photographs of sections of the spinal cord taken from fatal cases, and the whole bulletin makes a valuable contribution to the subject of infantile paralysis. The health board has issued to the people of Kansas a set of rules looking to the prophylaxis of poliomyelitis among the children.

Kentucky.

Newport's city health officer, Dr. C. J. Kehm, challenged any member of the council to attempt to prove that he has not acted in accord with provisions of the city charter governing the duties of his office. Since the above he has been superseded.

The Southwestern Homeopathic Medical College and Hospital, of Louisville, Ky., has been consolidated with the Hahnemann Medical College, of Chicago. The headquarters of the enlarged institution will be in Chicago, and the building and grounds of the Louisville college will be sold. The members of the faculty of the Southwestern Homeopathic College will be retained on the faculty of the merged schools, each giving a course of lectures on some particular subject, which will necessitate only occasional trips to Chicago. Among the members of the faculty are: Dr. George S. Coon, dean; Dr. J. T. Bryan, Dr. F. C. Askenstedt, Dr. J. H. Baldwin, Dr. G. O. Erni and Dr. C. O. Neff.

The Shelby County Dairymen's Association has passed resolutions asking the State Board of Health to modify its recent ruling which requires a dairyman in whose barn cows affected with tuberculosis have been found to have it disinfected by an inspector selected by the State Board of Health, and paid for by the dairyman at the rate of $10 per day for the time so employed. The dairymen claim that they are willing to do all the necessary disinfecting, but protest against the State Board of Health inspectors as an unnecessary expense. They contend that the work can be done just as thoroughly, and at much less cost, by the county boards of health. Their resolutions state that they are willing to have their barns disinfected according to the rules laid down by the State Board of Health, by and under the direction of the county board.

Charles E. Horner, M.D., is located at 404 W. Fourth St., Newport.

Dr. James C. Mitchell, of Louisville, has been appointed as the Eclectic member of the Kentucky board, succeeding Dr. G. T. Fuller, of Mayfield.

Louisiana.

At a special meeting of the Louisiana State Board of Medical Examiners (old school), called for reorganization and election of officers, the following were chosen: Dr. E. L. McGeehee, president; Dr. J. G. Martin, vice-president; Dr. A. B. Brown, secretary and treasurer.

Maine.

Mrs. D. Henry Reny, of Biddeford, was operated upon for an ovarian cyst, July 28. At last reports she is doing well.

Minnesota.

By a new ruling of the faculty of the St. Paul College of Medicine, indorsed and authorized by the regents, students who attain a degree in medicine will have to spend seven years at the University. The first two years, as at present, will be devoted to science, literature and arts; four to medicine, and the last will be spent in work in hospitals of the State, whose clinical opportunities will be standardized for this purpose, or in hospitals of other States with an equal standard. A committee of the faculty is formulating the requirements for the hospitals.

Missouri.

Dr. E. R. Waterhouse has had the degree of A.M. and Ph.D. conferred upon him by Potomac University, Washington, D. C.

Dr. Ira W. Upshaw, of St. Louis, has been reappointed on the State Board of Health.

Nebraska.

The Nebraska State Society has published the first issue of the *Review of Eclectic Medicine and Surgery*. It will be issued quarterly.

Lincoln Medical College is making preparations for the erection of a new building. It is the medical department of the Cotner University.

New Jersey.

Dr. G. Edward Potter has removed to 100 Halsey Street, Newark.

Dr. Marcus G. Schantz is located at Bayonne.

Dr. Charles H. Stoertzer has been appointed instructor in the University of New Jersey.

Dr. Cecile L. Griel has located at 300 Clark Street, Jersey City, and Dr. Charles H. Stoerzer at 9 Graham Street.

New York.

Dr. Arrilio Favorini has removed his office from 519 Broome Street to 45 MacDougal Street.

The physicians of Saratoga Springs have perfected the formation of the "Saratoga Springs cure" along the same lines pursued in the famous springs of foreign countries. The organization elected Dr. Earl H. King president.

In the case of Dr. Charles F. Bandle, who applied for a mandamus to compel the board of health to grant a burial permit on a death certificate presented by him, the supreme court has refused the mandamus. The decision was accompanied by the following memorandum: "While the State has wisely allowed the practice of Osteopathy, it does not follow that it holds out that any one, without practice in surgery or experience in prescribing drugs, is fully qualified to certify the cause of death. Indeed, it is not certain that a board of health would be compelled to take the certificate of death of all licensed physicians in the event of an epidemic or the spread of some new and mysterious disease. Granted that the theoretical educa-

tion of the Osteopath is of a standard equal to that of a doctor in medicine, after he enters his profession his practice is restricted, so that it does not appear that he can make the tests by examination of blood and tissues, by which alone many diseases can certainly be detected. The sanitary code is discriminatory. It is based on a limitation which the Osteopath may be said to make for himself, and deprives him of no rights which he ought to exercise consistent with the public safety."

Dr. M. A. Sturm has removed to the Ansonia Hotel, Broadway and 73rd Street.

Dr. James Moran has removed to 101 West 80th Street, corner Columbus Avenue.

Dr. F. L. Sinclair has been elected president of the hospital staff of the city of Oswego.

Dr. John Berkinhauer has located at 216 East 17th Street, New York City; Dr. Hyman Elster at 209 Forsyth Street; Dr. J. Howard Heacock at 110 West 39th Street, and Dr. James Steele at 96 Monitor Street, Brooklyn.

The September meetings of the New York and Brooklyn societies were exceptionally good. A good attendance was reported at each.

Ohio.

At a recent meeting of the Ohio State Board of Health, Dr. William T. Miller, of Cleveland, was promoted from the vice-presidency to the presidency of the board, succeeding Dr. C. C. Crossland, of Zanesville, whose term had expired. Dr. Frank Warner, of Columbus, was elected vice-president, and Dr. C. O. Probst, of Columbus, was re-elected secretary. On account of the increasing amount of work to be attended to, it was decided that in future the board would meet bi-monthly instead of quarterly.

Why does a laboratory worker, who never sees a sickbed, prefer to call himself a "clinical pathologist"?

H. W. Detrick, M.D., has located at Union City, taking the place of W. B. McWhinney.

All the graduates of the E. M. College who took the June examination of the Ohio State Board were successful.

Aaron F. Burson, M.D., has located at Oakwood.

George B. Curl, M.D., has located at Green Springs.

Fred C. Leeds, M. D., has located at Batavia.

Harry B. Frederick, M.D., has located at Sandusky.

George U. Panzer, M.D., has located at Cincinnati.

George E. Black, M.D., has located at Rossburg.

Charles L. Tinker has removed from West Liberty, W. Va., to New Philadelphia.

Charles O. Bayless has located at Andover.

The *Eclectic Medical College Bulletin,* Vol. I, No. 2, has just been issued. It is published quarterly in the interest of the Eclectic Medical College, and has been entered as second class matter.

Some changes and additions have been made in the faculty of the Eclectic Medical College. In didactic surgery Dr. Eben B. Shewman is appointed

in place of Dr. Sloan, who has resigned to return to general practice in Clarksburg, W. Va. In the department of nose, throat and ear, Dr. Robert C. Heflebower takes the place of Dr. Amidon, who has resigned to return to general practice at Urbana, O. Physical diagnosis and clinical medicine, Dr. George E. Dash; electro-therapeutics, Dr. George F. Sauter; osteology and assistant demonstrator of anatomy, Dr. Howard C. Von Dahm. The college opened for its sixty-sixth annual session September 19.

At the July examination of the State Board in Cincinnati, twenty-two were examined; seventeen passed, five failed. Two midwives were examined; one passed. One failed at the October meeting, nine were granted reciprocity licenses after examination, two without examination, seven were postponed, one denied. The licenses of Jos. H. Leatherman, of Columbus, Paul DeWitt Hale, of Dayton, and Isaac T. Evans, of Columbus, were revoked. The revocation of the license of James M. Luberg, of Miamisburg, reaffirmed and the trial of Harry P. Martin, of Chillicothe, continued.

The Northwestern O. E. M. Association met in Findlay October 11. The new officers for the coming year are: President, R. V. Dickey, Lima; secretary, J. J. Sutter, Bluffton. The next meeting will be held at Findlay, January 10, 1911.

The Western Ohio Eclectic Medical Association met at Springfield, October 4. A good program was provided. Dr. G. W. Richard, of Springfield, is president, and Dr. Guy J. Kent, West Liberty, secretary.

Oklahoma.

Dr. W. L. Gleason, of Fairview, spent the month of August in the Chicago Polyclinic doing post-graduate work.

Dr. E. G. Sharp, of Guthrie, has returned from his European trip.

Pennsylvania.

J. W. Wenzel, M.D., has moved from Bakersville to Donegal.

Dr. J. T. Lafferty is located at Graceton.

Dr. Bowman is located at Somerset.

Tennessee.

Thos. Slayden, M.D., is located at Union City.

H. S. Monroe, Frank L. Keil, V. E. Hutchins and Thos. Slayden have passed the Tennessee Board of Medical Examiners.

Texas.

There was introduced in the Texas House a bill to prevent indiscriminate prescriptions by physicians for intoxicants for medicinal purposes, drawn plainly to apply to local option territory. The measure would require daily reports of druggists to county clerks, giving names of doctors prescribing and of "patients" receiving prescriptions of this nature. The legislator who introduced the bill has sworn statements from the district clerk of his home county (Smith), which is "dry," which show that in the month of December, 1909, there were 1,781 physicians' prescriptions for intoxicants; during January, 1910, there were 1,764, and in February, 1910, there were 1840.

This year the Medical College of the University of Texas will raise its requirements of preparatory training. The medical school will this fall and hereafter require of all students applying for degrees at least one year's completed college work in preparation for the medical course.

M. A. Cooper, M.D., has removed from Sabinal to Leakey, at which place he has opened a sanatorium for treating tuberculosis. It is known as the "Southwest Texas Sanatorium."

Dr. J. K. Gilbert has removed from Hickory, Okla., to Station A, R..R. 1, Dallas.

Utah.

Dr. C. L. Olsen has removed from Salt Lake City to Murray Station. He is serving his third consecutive term on the Board of Medical Examiners.

The State Board now requires an examination in refraction.

Vermont.

F. B. Godfrey, M.D., Chelsea, is the newly elected president of the Vermont State Board of Medical Registration.

Owing to the death of James Merritt Moore, president of the State Society, Dr. J. B. H. Cushman succeeds to the presidency.

A. E. Parlin, M.D., of Orleans, resigned from the State Board of Medical Registration. The Governor appointed P. L. Templeton, of Montpelier, to succeed him for the term ending December 31, 1911.

Washington.

The Washington State Eclectic Medical Society held its annual meeting at the offices of Dr. N. M. Cook, 358-9 Arcade Annex, Seattle, August 2.

The forenoon session was devoted to the business of the society. Several new members were admitted, with increased interest for the future of Eclecticism in the West.

Puyalup was selected as the next meeting place.

New officers elected were: Dr. Thomas J. Piersol, Tacoma, president; Dr. R. O. Ball, Tacoma, vice-president; Dr. N. M. Cook, Seattle, secretary; Dr. I. V. Cole, Seattle, treasurer.

The afternoon work consisted of reading and discussing papers, which were: "New Things in Medicine," Prof. Finley Ellingwood, Chicago; "Surgery of the Prostate and Gall-Bladder," Dr. G. W. Overmeyer, Raymond; "Tuberculosis," Dr. T. J. Piersol, Tacoma; "Faradism and Galvanism in Pyosalpinx," Dr. J. B. Steel, Waitsburg; "The Country Doctor," Dr. R. O. Ball, Tacoma; "Hospital Necessities," Dr. W. H. Gage, Seattle; "Then and Now," Dr. Frank Brooks, Seattle; "Why I am an Eclectic," Dr. I. V. Cole, Seattle; "Electricity in Gynecology," Dr. N. M. Cook, Seattle.

Dr. M. W. and D. B. Harvison maintain hospitals at Palouse, Wash., and Bovil, Idaho.

Dr. J. F. Whittaker is located in Spokane, where he is doing well.

Wyoming.

Dr. Jay Smith, of Glen Rock, has been appointed surgeon for the Chicago & Northwestern R. R. at that point.

MARRIAGES.

At Lebanon, Ind., Dr. T. S. Turner to Miss Vinnie Lanham, Thursday, August 4.

At Parnassus, Pa., Dr. Blough to Miss Catharine Elizabeth Bevan, June 29, 1910.

August 13, at Goshen, Ind., Dr. Anna G. Kaufman to W. H. Kreager, of Cromwell, Ind.

September 14, 1910, Dr. Thomas C. Young, of Winterset, Ia., to Miss Garnett Baird. At home after November 1 at 474 South Adams Street, Glendale, Cal.

OBITUARIES.

Bailey, Samuel B., Eclectic Medical College of Pennsylvania, Philadelphia, 1859, at his home in Higganum, Conn., August 11, aged eighty-four.

Bainbridge, Charles E., California Eclectic Medical College, Los Angeles, 1886, at Sacramento, Cal., July 9.

Bancroft, Eugene M., Eclectic Medical Institute, Cincinnati, 1892, of Stonington, O., was killed by overturning of his automobile at Warren, O., September 13, aged forty-two.

Barrows, Jennie E., Eclectic Medical College of the City of New York, 1872, at her home in Berkeley, Cal., August 27.

Beer, Simon B., Eclectic Medical Institute, Cincinnati, O., 1874, at Peoria, Ill., June 23, aged seventy-two.

Brower, John Jackson, Eclectic Medical Institute, 1869, at his home in Coshocton, O., aged seventy-one.

Bryant, Francis A., Worcester, Mass., Eclectic Medical College, 1856, at his home in Cedar Rapids, Ia., September 4, aged eighty-four.

Carroll, Alexander G., Georgia College of Eclectic Medicine and Surgery, 1894, at his home in Atlanta, Ga., August 7, aged fifty-three.

Castle, Homer K., Eclectic Medical University, Kansas City, Mo., 1903, at his home in Kansas City, September 5, aged sixty-one.

Cole, William Dunham, Eclectic Medical Institute, Cincinnati, 1879, at his home in Ansonia, O., July 8, aged sixty-three.

Cook, Louis, E., Eclectic Medical Institute, Cincinnati, 1882, suddenly, while returning from a professional visit, September 23, 1910, aged fifty-one.

Cooper, William, Eclectic Medical Institute, Cincinnati, 1867, at his home in Kokomo, Ind., September 17, aged seventy-one.

Davison, Archelaus Smith, Eclectic Medical Institute, Cincinnati, 1891, at his home in St. Clair, Mo., February 20, aged sixty-eight.

Dyer, Charles H., Eclectic Medical Institute, Cincinnati, O., 1896, at Winchester, Ill., aged thirty-seven.

Davidson, Eric A., Bennett College of Eclectic Medicine and Surgery, Chicago, 1898, at the home of his brother in Berkeley, Cal., July 30, aged fifty-one.

Dillon, Thomas Andrew, at his home in Dayton, O., aged fifty-three.

Easton, William W., Bennett Medical College, Chicago, 1877, at his home in Dowagiac, Mich., July 14, aged fifty-six.

Edwards, Oscar F., Eclectic Medical Institute, Cincinnati, 1864, at his home in New Lebanon, O., July 8, 1910, aged seventy-four.

Glick, George, Eclectic Medical Institute, Cincinnati, O., 1849, at the home of his daughter in Chicago, June 26, aged eighty-three.

Harmson, Kimmel L., Eclectic Medical Institute, Cincinnati, O., 1872, at Clayton, Mich., August 24, aged seventy-five.

Huckins, John W., California Eclectic Medical College, Los Angeles, 1886, at his home in San Francisco, September 24.

Lukens, Joseph H., Eclectic Medical College of the City of New York, 1875, at his home in Seattle, Wash., July 23, aged sixty-seven.

Moore, James Merritt, Eclectic Medical College of the City of New York, 1881, President of the Vermont Eclectic Medical Society, at his home in West Rupert, Vt., August 17, aged seventy-four.

McKinney, John F., Eclectic Medical Institute, Cincinnati, 1876, at his home in Arcola, Ill., September 14, aged sixty-three.

Price, T. J., Eclectic Medical Institute, Cincinnati, O., 1896, at his home in Level Green, Ky., January 6, 1910, aged forty-two.

Rees, David William, California Eclectic Medical College, Los Angeles, 1890, at the California Hospital, Los Angeles, July 31, aged forty-one.

Reid, Joseph Aiken, Eclectic Medical College of the City of New York, 1908, at the home of his mother in Brooklyn, September 13.

Robertson, William Varner, Georgia College of Eclectic Medicine and Surgery, Atlanta, 1887, at Athens, Ga., July 14, aged forty-nine.

Roe, James Robert, Eclectic Medical Institute, Cincinnati, 1854, at Guffey, Col., April 28, aged seventy-eight.

Ross, William, Eclectic Medical Institute, Cincinnati, O., 1845, at Wilton Junction, Ia., August 1, aged eighty-two.

Stout, William C., Eclectic Medical College of Pennsylvania, Philadelphia, 1871, at his home in Killbuck, O., August 18, 1910.

Watkins, Americus V., Eclectic Medical College of Philadelphia, 1871, at his home in Dansville, N. Y., August 30, aged sixty-eight.

Welker, Perry W., Eclectic Medical Institute, 1875, Health Officer of Alliance, on the steamer "City of Mackinac," July 27, aged fifty-eight.

Young, James A., Eclectic Medical College of Pennsylvania, Philadelphia, 1868, at his home in Hopkinsville, Ky., September 24, aged sixty-four.

State Board of Medical Examiners,
Honey Grove, Texas, September 12, 1910.

This is to apprise and notify, as has been done on several occasions during the past three years, prospective medical students and all concerned, that before matriculation in our State medical colleges is permissible it is necessary to procure an entrance certificate from the State Board of Medical Examiners. This means, of course, that the authorities of the several medical colleges no longer pass upon the literary credentials of applicants for matriculation. This function is now exercised and enforced by the State Board of Medical Examiners and has been since the beginning of the term 1908-9.

To be eligible for examination or reciprocity, all Texas students matriculating in other States, since this date, must comply with this requirement.

Non-residents desiring matriculation are required to comply with this regulation

whether they expect to take the State Medical Board examination or not. Texas medical colleges are required to matriculate residents and non-residents upon equal terms.

Residents and non-residents alike who comply with the entrance requirements in such States as have reciprocal relations with Texas will be accepted either for matriculation, examination or reciprocity, provided in all of said States literary credentials are acted upon and credits determined by the State Medical Examining Board or other legally designated authority independent of medical college authorities or faculties.

Texas now reciprocates with the following States: Arkansas, Missouri, Illinois, Indiana, Iowa, Michigan, Kentucky, Maine, Nebraska, Minnesota, District of Columbia, West Virginia, Virginia, Maryland, Wisconsin, Vermont, North Dakota, Ohio, New Jersey, Kansas and Nevada.

Residents and non-residents expecting future legalization in Texas, matriculating in other States other than reciprocal States must comply with this regulation, but matriculants of such of these States as maintain and enforce an educational prerequisite and standard the equal of and in a similar manner to our own will be accepted, but such States and colleges as maintain no fixed literary prerequisite—matriculating students regardless of literary qualification—or where the college faculties have the prerogative of passing upon and determining the literary qualification of applicants, all such applicants will be barred unless they possess an entrance certificate issued by this or from the class of States already mentioned as being acceptable.

It is not sufficient to possess the necessary literary credentials with the view of submitting it after graduation, but the required entrance certificate must be procured before matriculation.

Full particulars can be had by addressing the Secretary of the Board, Dr. R. H. McLeod, Palestine, Texas. (Signed) MARQUIS E. DANIEL,

Chairman College and Reciprocity Committees, Texas State Board of Medical Examiners.

SOCIETY CALENDAR.

1. National Eclectic Medical Association.—President, J. A. Munk, Los Angeles, Cal.; Secretary, Wm. P. Best, Indianapolis, Ind. Louisville, Ky., June 20-23, 1911.

2. Arkansas Eclectic Medical Society.—President, C. L. Laws, Ft. Smith; Secretary, Robert L. Smith, Russellville. Little Rock, May, 1911.

3. Boston District Eclectic Medical Association.—President, F. G. Phillimore; Secretary, Pitts Edwin Howes. Monthly, excepting July and August.

4. California Eclectic Medical Society.—President, John Fearn, Oakland; Secretary, J. P. Dougal, Los Angeles. San Francisco, May, 23, 24, 25, 1911.

5. Chicago Eclectic Medical and Surgical Society. Monthly.

6. Colorado Eclectic Medical Society.—President, F. B. Richards, Denver; Secretary, G. H. Candlin, Eaton. Denver, June, 1911.

7. Connecticut Eclectic Medical Association.—President, O. L. Massinger, Bridgeport; Secretary, T. S. Hodge, Torrington. Semi-annually. May, 1912, Waterbury.

8. Dayton Eclectic Medical Society.—President, James Hayes, Dayton; Secretary, C. J. Otto, Dayton. Quarterly.

9. Eclectic Medical Society of the City and County of New York.—President, Charles Lloyd; Secretary, H. Harris. Third Tuesday of each month.

10. Florida Eclectic Medical Society.

11. Fort Wayne Eclectic Medical Society.—President, G. A. Barry; Secretary, J. E. Morris. Monthly.

12. Georgia Eclectic Medical Association.—President, R. M. Moore, Waleska; Secretary, C. W. Miller, Atlanta. Atlanta, April, 1911.

13. Illinois Eclectic Medical Society.—President, H. S. Lowrance, Chebanse; Secretary, Wm. E. Kinnett, Peoria. Springfield, 1911.

14. Indiana Eclectic Medical Association.—President, C. A. Tindall, Shelbyville; Secretary, J. D. McCann, Monticello. Shelbyville, May, 1911.

15. Iowa Eclectic Medical Society.—President, B. C. Minkler, Des Moines; Secretary, P. F. Price, Milo. Des Moines, May, 1911.

16. Kansas Eclectic Medical Association.—President, P. L. Jones, Lenexa; Secretary, O. C. Baird, Chanute. Kansas City, 1911.

17. Kentucky Eclectic Medical Society.—President, R. T. Rudd, Fulton; Secretary, Lee Strouse, Covington. Louisville, June 19, 1911.

18. Kings County Eclectic Medical Society.— President, Theodore Adlermann, Secretary, A. W. Wolf.

19. Los Angeles County Eclectic Medical Society.—President, James Beard, Los Angeles; Secretary, P. M. Welbourn, Los Angeles.

20. Maine Eclectic Medical Society.—President, F. W. Abbott, Taunton, Mass.; Secretary, S. A. Abbott, Taunton, Mass. Portland, May, 1911.

21. Massachusetts Eclectic Medical Society.—President, C. Edwin Miles, Boston; Secretary, Pitts Edwin Howes, Boston. Boston, June, 1911.
22. Michigan Eclectic Medical Society.—President, C. H. Murphy, Perry; Secretary, J. E. G. Waddington, Detroit. Lansing, June, 1911.
23. Missouri Eclectic Medical Society.— President, C. G. McKinley, Jamesport; Secretary, Emmett F. Cook, St. Joseph. Kansas City, May, 1911.
24. Minnesota Eclectic Medical Society.
25. Missouri Valley Eclectic Medical Association.—Secretary, John C. Story, St. Joseph.
26. Nebraska Eclectic Medical Society.— President, J. R. Gray, Osceola; Secretary, S. J. Stewart, Kenesaw. Lincoln, May 9-11, 1911.
27. New England Eclectic Medical Association.—President, Thos. Mulligan, New Britain, Conn.; Secretary, F. W. Abbott, Taunton, Mass. Boston, June 21-24, 1911.
28. New Hampshire Eclectic Medical Society.—President, W. H. True, Laconia; Secretary, Lillian Bullock, Manchester.
29. Northeastern Ohio Eclectic Medical Association.—President, F. W. Schneerer, Norwalk; Secretary, J. D. Dodge, Collinwood. Quarterly.
30. Northwestern Ohio Eclectic Medical Association.—President, R. V. Dickey, Lima; Secretary, J. J. Sutter, Bluffton. Quarterly.
31. New Jersey Eclectic Medical Society.—President, D. P. Borden, Paterson; Secretary, G. E. Potter, Newark.
32. New York Eclectic Medical Society.—President, C. W. Brandenburg, New York City; Secretary, Earl H. King, Saratoga Springs. Albany, March 29-30, 1911.
33. New York Specific Medication Club.—James Moran, Secretary, Monthly.
34. Northeastern Indiana Eclectic Medical Society.—President, F. M. Baldwin, Marion; Secretary, W. F. Smith, Huntington. Quarterly.
35. Ohio Central Eclectic Medical Society.—President, R. B. Taylor, Columbus; Secretary, J. G. Sherman, Columbus. Quarterly.
36. Ohio Eclectic Medical Association.—President, C. W. Russell, Springfield; Secretary, W. N. Mundy, Forest. Put-in-Bay, July, 1911.
37. Oklahoma Eclectic Medical Society.—President, G. H. Truax, Stonewall; Secretary, E. G. Sharp, Guthrie. Oklahoma City, May, 1911.
38. Oregon Eclectic Medical Association.—Secretary, Byron E. Miller.
39. Pennsylvania Eclectic Medical Association.—President W. O. Keffer, Frugality; Secretary, E. F. Shaulis, Indiana. Harrisburg, May, 1911.
40. South Dakota Eclectic Medical Society.—President, W. E. Daniels, Madison; Secretary, J. C. Greenfield, Avon. Mitchell, June, 1911.
41. Southern California Eclectic Medical Association.—President Q. A. R. Holton, Whittier; Secretary, M. Blanche Bolton, San Pedro.
42. Southwestern Ohio Eclectic Medical Association.—President, Lyman Watkins, Blanchester; Secretary, J. L. Payne, Cincinnati. Bi-monthly.
43. Tennessee Eclectic Medical Society.—President, W. N. Holmes; Secretary, B. L. Simmons, Granville. Nashville, May, 1911.
44. Texas Eclectic Medical Association.—President, W. R. Fowler, Pottsville; Secretary, H. H. Blankmeyer, Honey Grove. San Antonio.
45. Vermont Eclectic Medical Association.—President, H. B. Cushman, East Charleston; Secretary, P. L. Templeton, Montpelier.
46. Washington Eclectic Medical Association.—President, T. J. Pierson, Tacoma; Secretary, N. M. Cook, Seattle.
47. Western Ohio Eclectic Medical Association.—President, G. W. Reichard, Springfield; Secretary, Guy J. Kent, West Liberty. Quarterly.
48. West Virginia Eclectic Medical Association.—President, Allen Bush, Morgantown; Secretary, W. B. Hartwig, Wileyville. Clarksburg, 1911.
49. Wisconsin Eclectic Medical Society.—President, Ira Fay Thompson, Reedsburg; Secretary, F. C. Haney, Milwaukee. Devil's Lake, June, 1911.

CALENDAR OF STATE EXAMINING BOARDS.

(Secretaries will please keep us informed of changes and dates.)

**Alabama*—One board. Secretary, W. H. Sanders, Montgomery.
Arizona—One board. Secretary, Ancil Martin, Phœnix. Eclectic member, G. F. Manning, Flagstaff.
**Arkansas*—Three boards. Secretary Eclectic Board, G. A. Hinton, Hot Springs.
California—One board. Secretary, C. L. Tisdale, Alexandria. Eclectic members, Charles Clark, San Francisco, and M. M. Mason, Lodi.
**Colorado*—One board. Secretary, S. D. Van Meter, 1723 Fremont St., Denver.
**Connecticut*—Three boards. Secretary Eclectic Board, T. S. Hodge, Torrington.
**Delaware*—Two boards. Secretary Homeopathic Board, R. A. Kittinger, Wilmington.

*District of Columbia—Three boards. President Eclectic Board, E. B. Benson; 824 Fifth Avenue, N. E., Washington.

Florida—Three boards. Secretary Eclectic Board, S. F. Smith, Lakeland.

*Georgia—Four boards. Secretary Eclectic Board, C. W. Miller, 192 North Avenue, Atlanta.

Idaho—One board. Secretary, O. J. Allen, Bellevue. Eclectic members: Russell Truit, Cottonwood; C. M. Waterhouse, Weiser.

*Illinois—One board. Secretary, J. A. Egan, Springfield. Eclectic member, W. R. Schussler, Orland.

*Indiana—One board. Secretary, W. T. Gott, Crawfordsville. Eclectic, M. S. Canfield, Frankfort.

*Iowa—One board. Secretary, Dr. Sumner, Waterloo. Eclectic, A. C. Moerke, Burlington.

*Kansas—One board. Secretary, H. A. Dykes, Lebanon. Eclectic members: A. S. Ross, Sabetha; C. J. Simmons, Lawrence.

*Kentucky—One board. Secretary, J. N. McCormick, Bowling Green. Eclectic member, James C. Mitchell Louisville.

Louisiana—Two boards. Secretary Homeopathic Board, Geo. T. Crebbin, 1207 Marion Blanch Building, New Orleans.

*Maine—One board. Secretary, F. W. Searle, 8 Congress St., Portland.

*Maryland.—Two boards. Secretary Homeopathic Board, Joseph S. Garrison, 848 North Avenue, Baltimore.

Massachusetts—One board. Secretary, E. B. Harvey, room 159, State House, Boston. Eclectic member, A. L. Chase, Randolph.

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TREATMENT OF SEPTIC PERITONITIS.

WM. L. HEEVE, M. D., BROOKLYN, N. Y.

The present-day treatment of septic peritonitis is based upon a rational foundation, and the mortality has been thereby considerably reduced. The surgeon of to-day enters the abdomen with a determination that the inroads of bacteria or septic material must be checked, and, armed with a more perfect technique, he enters where the surgeon of yesterday would not dare enter. It is purely a surgical disease, and should be treated by the surgeon, as he possesses the proper technique and experience necessary to enter the abdomen and meet the condition as presented.

Peritonitis is purely a lymphangitis and an effort of nature to destroy, combat or retard the inroad of an offending material, whether it be bacteria or their products or a chemical toxin. The septic variety is divided into localized (with or without abscess formation), diffused and general. It is caused by the direct entrance of bacteria or their products through a perforation, or indirectly by absorption through the circulatory system or lymphatics. It may remain localized by a walling process, or find an outlet through an organ of the abdomen; or it may primarily be localized and become diffused by breaking through the barriers of defensive adhesions; or it may be primarily a diffused inflammation, which may become general.

Murphy states that duodenal and appendicial perforations cause septic infection to enter the peritoneum in about 90 per cent. of the cases. Gastric ulcers, typhoidal ulcerations, gunshot wounds, stab wounds and foreign bodies may cause septic peritonitis. Gonorrhea and pneumonia have secondarily caused infection. Post-operative septic inflammation is the exception, and not the rule, with the present-day surgical technique.

If the condition can be recognized in its very incipient stage, and the cause found, such as perforations, and the proper treatment given, the prognosis is favorable and the death-rate less than 3 per cent. But such is not the rule, and the average case of septic peritonitis is not brought to the attention of the surgeon until the inroad of septic material has accomplished its deadly work.

The diagnosis of septic peritonitis is not difficult, and the treatment, to be efficacious, must be timely, judicious and conservative. Modern surgery does not wait for infections to ripen, nor does it advocate the freezing of localized pus formation. There should be no fulminating cases, as a so-

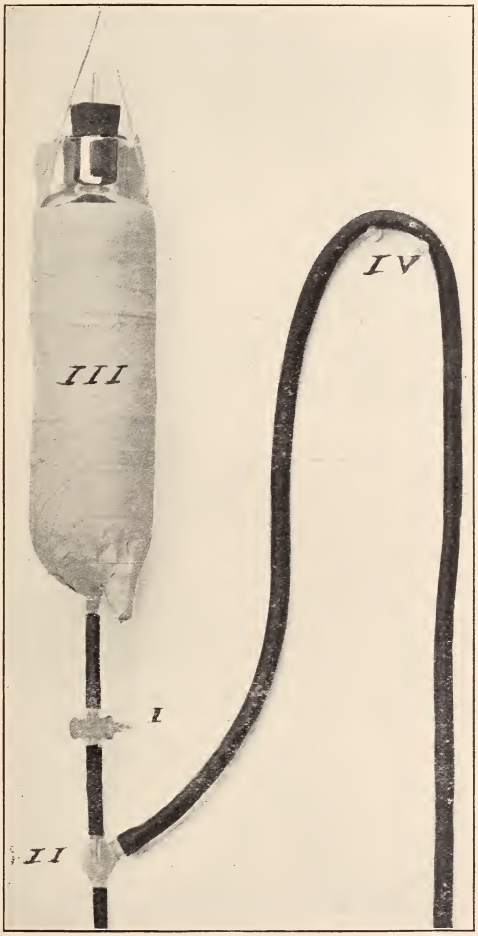
called fulminating case is one due to neglect, and the "explosion" is the closing scene of nature's grand play of defense, left to meet defeat by the untimely aid of surgery.

The American surgeon has accomplished the impossible, and peritonitis in America is looked upon as a favorite field for the exploitation of modern surgery. Early operation is the keynote of success, as in the early stage of this disease the patient is in his best condition to combat the disease with its poisonous toxins. As soon as the diagnosis is made, the patient requires removal to the hospital, in the reclining position, and placed in bed in the Fowler position. The patient receives no fluids by mouth. Gastric lavage should be performed if vomiting is present, and a high saline enema until return flow is clear. Prepare the abdomen by simply mopping with ether, then apply a 5 per cent. iodine solution in acetone. After a few hours' rest remove the patient to the operating-table, then repeat the application of iodine solution. In operating, our aim should be to avoid unnecessary disturbance of bands of adhesions, and prevent undue exposure of the intestines. Protect the contents of the abdomen with long pads of gauze moistened with hot saline solution. Never use small sponges or pads, as the danger of allowing them to remain is too great. Perforations should be closed, and if the appendix is the causative factor it should be removed. In the localized form of septic peritonitis, with abscess walled in, the cavity should be entered and the pus mopped out carefully, and the aperture which was the original inlet should be closed. If this is impossible we must rest with proper and sufficient drainage until such time as the condition of the patient warrants a more thorough closure.

In the diffuse suppurative form, routine removal of the cause should be followed, but, as Murphy emphasizes, "we should not sponge, flush, irrigate or use strong antiseptics." Mayo states that it is poor policy to try to asepticize by irrigating or flushing with antiseptics. Further, Murphy states that "we must not disturb the lymph flakes, as they are nature's effort to 'coffer-dam' the lymphatics and prevent absorption of bacteria and their products." To milk an abscess or strip a channel of pus in an endeavor to remove all of it, is bad surgery, as it seems to me that by so doing we are disturbing nature's wall of protection and causing abrasions, which in turn open up new avenues of infection, and it is impossible to eliminate all of the pus. We should be contented with the simple process of opening into the channel or cavity, thereby removing the pressure, mopping up the bulk of it carefully, and drain.

The question of drainage is a vital one. Cigarette drains are not sufficient, as the meshes of the gauze become choked with pus within thirty-six hours and their capillarity is lost. Nothing short of rubber or glass drainage tubes should be employed. We can reinforce our tubes with gauze drains as desired.

We must practice conservatism in our attack upon the peritoneum, and never could my mind tolerate the heroic measures as advocated by the followers of Blake. I believe we can gain more and do more good by follow-



I—Represents the glass stopper to regulate the number of drops.

II—Represents the dropping bulb, with an outlet at the bottom to connect with one-fourth inch tubing, then to the catheter in the rectum. The outlet at the side connects with the overflow tube, and may be used as an inlet to insert rectal feeding.

III—Represents the caloris bottle wrapped with adhesive plaster. The cork at the neck of the bottle has a small tube inserted, to allow air to enter as the saline flows.

IV—Represents the overflow tube.

(This apparatus is now being manufactured by E. Machlett & Son, 143 E. Twenty-third St., New York City.)

ing the methods of those conservative surgeons, as Murphy, the Mayos and Ochsner. The surgeon who operates quickly will find his mortality is at a minimum. Saline solution should be infused or injected subcutaneously at the termination of the operation. As soon as the condition of post-anesthesia permits, the patient should be placed in the Fowler position. It is poor practice to use morphine or opiates either before or after operating in this disease, but occasionally we are compelled to give morphine, and then in small doses only.

Our next effort is to neutralize the toxins and increase the body fluids with fresh serum, and this can best be accomplished with normal saline solution. To Murphy and Fowler we owe much in the treatment of this disease, and especially to Murphy for his technique in the perfection of a method of proctoclysis. After experimenting with the method of Murphy, using the fountain bag and the irrigating bottle to instil saline into the rectum at the rate of forty to sixty minims per minute, I found that it was impossible to deliver the solution above 85° F., and with a subnormal temperature of the patient it proved detrimental; also that the fluid would regurgitate back into the receptacle, contaminating its contents with fecal matter. In my surgical work at the Mutual Hospital I have a caloris bottle modified so as to allow an outlet at the bottom of the bottle, with a glass stopper just below the outlet, and below this a dropping arrangement, making it possible to drop any desired number of drops per minnte, and delivering the solution into the rectum at any desired temperature. The usual loss of temperature through two feet of ¼-inch rubber tubing from the bottle to the rectum, while dropping sixty drops per minute, is about twenty degrees. Therefore a temperature of 120° to 128° F. is required of the saline solution when placed in the caloris bottle, and this bottle will retain this temperature several hours. I have inserted into the dropping bulb an outlet or overflow tube, connecting with half-inch rubber tubing leading to a receptacle on the floor, thereby allowing regurgitating fluid and gas to escape without contaminating the saline solution in the caloris bottle. A short rectal tube, inserted up into the sigmoid and connected with the flow tube, has given me better results than hard rubber or glass tubes. The caloris bottle is placed about ten to eighteen inches above the level of the rectum, to allow a mild hydrostatic pressure. The proctoclysis is continued four to seven days, but occasionally we may stop the flow for several hours, as the rectum may become rebellious. At times we are compelled to flush the colon to rid it of accumulated fecal matter and sour-smelling fluid, which will accumulate after twenty-four to forty-eight hours of this treatment. The nature of the peritoneal exudate and the condition of the patient will vary our treatment.

All cases do not require normal saline solution, but all cases of diffuse and general varieties, and the toxic cases without a large amount ot serous peritoneal fluid, require saline solution.

For the excessive tympanites, pre- or post-operative, we use a high colonic enema of turpentine, milk of asafetida and oil, and repeat as occa-

sion reqnires. Hypodermatics of atropine and physostigmine may be resorted to in severe cases.

Ochsner's plan of treatment, with slight modification, is resorted to. All feeding by rectum and nothing by mouth. Rectal feeding can be given by dropping, into the dropping bulb of the apparatus mentioned above, the necessary amount of food, or the food can be mixed with the saline solution in the caloris bottle and given without disturbing the apparatus. The mouth can be bathed with an acidulated ice-water, and if vomiting is a disturbing factor gastric lavage is indicated. All medication must be given subcutaneously.

When improvement of the condition permits, a predigested food in very small quantities may be tried by the stomach, and gradually increased. Do not give a laxative until we can be assured that no harm will result therefrom, and then castor oil is my favorite.

Intestinal paralysis is a very frequent complication, and will terminate a supposedly successful treatment in many instances. Colostomy in paralysis is overestimated, and does little good. Atropine and physostigmine will often succeed in restoring action.

During the course of treatment, stimulants, as strychnine, xanthoxylum, camphor and whisky, may be resorted to, as their indications demand. A hot infusion of coffee may be added to the saline solution and given by proctoclysis, with excellent results. During convalescence the indicated remedies should be given, with a carefully selected diet.

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VIBRATORY STIMULATION.

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The present time marks an important era in the progress of therapeutic methods. Up to a few years ago mechanical therapeutics was never thought of, and it has not been many years since medical therapeutics was greatly revised and new medicinal remedies discovered. There never was a time in the history of medicine when the men of the profession were so much occupied in investigating new therapeutical ideas as at the present time. It has not been very long since the profession knew of medicines only, and in limited numbers, but now they are relying greatly on other means of cure besides medical therapy.

For many years electricity has been knocking for a place in our therapeutics, and the profession took up with the agent very slowly, for there was not much show of merit, because so few used it for a therapeutic agent that its progress was somewhat retarded, but to-day it has won for itself a high standard in the profession, and its possibilities and limitations are still far from being exhausted. There is a gratifying tendency to seek new measures and methods for treating disease. From the time of Aesculapius down almost to the present, drugs have exclusively held the field, but the time has come that drugs alone do not dominate our therapeutics,

and *any exclusive system* is to be deprecated, whether by drugs, electricity, hydrotherapy, psychiatry or vibratory therapy.

Among the various methods coming into therapeutic use is the treatment by means of mechanical vibratory stimulation. Physicians who have used this method for considerable time frequently find it difficult to restrict their enthusiasm in its behalf because of the satisfactory results realized therefrom. Others less familiar with the theory and technique, who are too lazy and indolent to inform themselves of its therapeutic values, may become disgusted with the whole affair, and in a few months their "ads" will occur in the several medical journals, thus, "Chattanooga Vibrator for sale, cheap, good as new," just to get rid of stale office equipments, when in reality they are disposing of the best therapeutic measure, when indicated, that can be had at any price. Ofttimes such physicians employ vibratory treatment without any idea as to what is to be accomplished or how it may affect the physical organism. Some use this kind of instrument because other methods may fail to cure the given disease, and in this case, ten to one, mechanical vibratory stimulation will fail for the reason of improper use. There is a scientific basis for every treatment by vibratory stimulation. If one has the physiological principles upon which mechanical vibration is based, and a good knowledge of the nerve centers controlling the various viscera and functions of the body, there will be no difficulty in properly treating a given disease.

In taking up this subject more fully, it will be necessary to analyze mechanical vibration and stimulation. An instrument for applying mechanical vibratory stimulation should be so constructed as to readily permit the lengthening or shortening of the stroke, because vibratory stimulation consists in the length of the stroke and the degree of pressure exerted. *Vibration* produced by a short stroke and heavy pressure, applied over a nerve a sufficient length of time, will produce *inhibition*. *Stimulation* may be produced by a medium stroke and light pressure. Therefore *vibratory stimulation* is a combination of the two degrees of treatment. Again, stimulation may be produced by a medium stroke and *heavy* pressure applied over a nerve a very short time, say, four to fourteen seconds. It takes heavy pressure to stimulate a deep-seated nerve.

Treatment by mechanical vibratory stimulation has been found by practical experiment to be capable of increasing the volume of blood and lymph flow to a given part or organ, increasing nutrition, improving the respiratory organs, stimulating the secretions, improving muscular and general metabolism, assisting in the functions of elimination, producing more animal heat, softening muscular contractures, inhibiting and relieving pain, engorgement, congestion and other pathological conditions too numberous to mention.

The general theory upon which the *modus operandi* of the therapeutic effects of vibratory treatment is based is that all the functions and organs of the body are controlled by certain nerves or nerve centers located principally in the spinal cord, and if these centers are reached and treated, restoration of normal conditions may result.

THE CAPILLARY CIRCULATION DURING CONFINEMENT.

Lydia Ross, M.D., Point Loma, Cal.

The maintenance of an active capillary circulation during confinement is a matter of practical importance in adding to the patient's comfort and in facilitating the progress of the case. It may be objected that wrongs in this area are secondary affairs which will right themselves when the primary indications have been met. There are cases, however, where the capillary circulation is the key to the situation, and should receive first attention from the specific medicationist.

It is a question whether, in considering the circulation, the mental picture usually includes the condition of the arterioles and capillaries with that of the heart and large vessels. There is certainly less said about it in discussing cases, and the inference is that its vital relation to the rest of the blood current is not always clearly kept in mind.

Scudder emphasized the diagnostic value of the surface indications in giving the clew to different phases of internal nervous and organic action. It is worth considering, however, whether many of Scudder's followers are not more generally familiar with the indications expressed by the tongue, the pulse, the pupil, the respiration, the pain, quality, etc., than they are with those of the skin and capillary area. Do we not often take the existing skin condition in a case as a sort of personal thing, something as we take the patient's complexion, for granted?

Natural labor is a physiological drama of delivery, however tragic the individual case may be. It were well to keep the normal type in mind when readjusting abnormal variations from it. Where the maternal health is satisfactory, the nervous and muscular action co-ordinated, and the mental and physical forces are united in rhythmic, purposeful action, there is a certain admirable completeness in the advent of the babe. With the right proportions between the size of the child and the pelvic canal, with yielding maternal tissues and a cheerful and courageous mind, the force of energetic expulsive contraction, voluntary and involuntary, is not to be measured in terms of pain. Unyielding, sensitive tissues, however common, are not natural in this expulsive process, any more than they are normal in expiratory, vesical or intestinal action. Indeed, the nagging pains of an unyielding os, or the distress from ineffectual contractions, often occasion more suffering than vigorous uterine action with resulting progress.

Any physician of obstetrical experience has seen favorable cases where the contractions were well supplemented by the woman holding her breath and bearing down with the abdominal muscles. At the height of the effort the retarded respiration and circulation were evidenced in the distended veins and suffused face. The vigorous contractions were likely to begin and to end abruptly. The intervals of relief were in marked contrast to the recurring paroxysms. The woman's courage was good, and she chatted pleasantly while resting, or perhaps dozed off to sleep. In this type of case the

fading suffusion of the skin did not leave it cold, and the amount of suffering was noticeably not proportioned to the vigor of the pains.

Upon the other hand, there is a rather common type of case with a cold skin, a depressed mental and physical state, and a weary complaint of continued suffering, though the contractions are either weak or ineffectual for progress. Often the physician arrives after the woman has been in labor several hours, perhaps having been awakened from sleep by pain. Quite likely when she arose she put her bare feet into loose slippers, and drew a dressing gown on over her night robe, which is now more or less wet and clammy with the liquor amnii. She has been restlessly wandering around between her bedroom and the bath-room, seeking some place where the inefficient pains will seem more endurable. She feels tired, discouraged and miserably unequal to the ordeal before her. Whether the flesh is relaxed and flabby, or is of that inflexible firmness which also means tissue inactivity, or is pale and edematous, the examining hand will find the skin cold to the touch. The patient does not complain of being cold, nor want to have more clothing on or to be covered up in bed. The oppression from the abdominal burden and the excess of blood in internal organs and at nerve centers, that should be at the surface, makes her feel the need of air and freedom. The remedy suggested by the condition of the os may or may not act satisfactorily. Absorption is not at its best, and the overwhelmed appearance of the woman typifies the enfeebled functional state of congested nerve centers which correllate the various elements that make up the process of labor. The primary indication is to relieve the burdened sympathetic nervous system and encourage its action. It is the sympathetic which initiates and presides over the mysteries of delivery; as the organ of expression of the "sub-conscious man," it bears a distinct relation to the patient's courage—a factor to note in estimating her endurance. The sympathetic also regulates the capillary circulation as well as influences the rigidity or yielding character of the tissues.

The quickest and most effective way to relieve the whole train of symptoms in this cold, depressed, miserable type of case, is to call the blood from the congested centers by flushing the capillaries. For this purpose nothing excells the hot bath. The patient can take it comfortably sitting in the bath-tub on a low stool, if desired, and with the knees flexed. If a bath-tub is not available, as in country practice, an improvised sitz-bath can be arranged in a washtub, the feet in a bucket of warm water. The bath should be pleasantly warm at first. The temperature of the bath should be gradually raised by the nurse making additions of hot water until it reaches a level covering the hips and abdomen. Usually the whole picture changes for the better. The grateful warmth calls the blood to the surface, relieves the internal tension of engorged vessels, and ultimately increases the uterine action and influences the unyielding tissues. The continued discomfort and inefficient pains often cease in the bath, and a gentle perspiration may appear on the now active skin. A sense of repose steals over the woman, and she takes new courage. If the uterine contractions now show increased rhythmic

energy, and the patient is not tired out, nature finds favorable conditions for acting, with or without therapeutic or mechanical aid, as indicated. Sometimes, when the woman is exhausted, after being dried from the bath and put to bed, she falls into a refreshing sleep. She may be awakened by strong, regular pains, and the labor go on to a satisfactory conclusion. Some of these cases need watching after the bath, to see that the feet and skin remain warm. A hypodermic of atropine, with strychnia or other indicated remedy, will stimulate the central forces and keep the capillary area flushed. These measures influencing the surface circulation are also a guard against post-partum hemorrhage.

The active capillary circulation is not a panacea for all the obstetrical ills that must be met; but it is a fundamental condition of physiological labor, and should be maintained, where possible, in all deviations from the normal.

TOXEMIA; NORMAL SALT SOLUTION.

Florence Tippett Truax, M.D., Atlanta, Ga.

The subject of toxemia, or autointoxication, is one which, it seems to me, has employed too little of the attention of the profession at large. That there may be a process of internal sepsis or putrefaction going on at any time, is hardly to be doubted; that this same internal sepsis may continue in a masked or hidden form for months or even years, has been conclusively proven.

We have all had cases in which increased temperature, accelerated pulse and other febrile symptoms played an important part, but in which the pathology, diagnosis and consequent treatment were an element of mystery. In this paper the writer wishes to give the history of a case which must be named "general toxemia," but which was *not* named until the treatment had been administered, since the multiplicity of conditions and their symptoms rendered a definite diagnosis impossible.

Case.—On December 15, 1909, the patient was seized with a severe attack of coughing. Vomiting followed, and was superseded by profuse pulmonary hemorrhage. Prostration and collapse followed, and repeated administration of oxygen and stimulating hypodermics were necessary to produce a reaction.

The history of the case revealed the following: Seventeen years previously pulmonary symptoms had developed—some hemorrhage, emaciation and geneal debility, while microscopical examination revealed tubercle bacilli in large numbers. For five years the trouble ebbed and flowed, the great vitality of the patient seeming to withstand the onset of the disease. However, there came a time when the patient could no longer fight to advantage, and a change of climate was found necessary. This, with ordinary hygienic measures, proved to be efficient in arresting the disease, and for twelve years there had been comparative immunity.

Last December, however, the trouble came on with renewed violence. The prostration was extreme, cyanosis profound, respiration painful and rough, sometimes reaching eight to ninety per minte; temperature reached

106° and pulse 130. Added to the violence of other symptoms, nausea and vomiting set in, the stomach seeming to join in the general disturbance and refusing to retain either food or medicine. Another phenomenon which produced much distress was a diffuse inflammation of the pleura, effusion being present in the left pleura at the onset of the attack.

Examination showed a large cavity in the apex of the left lung and a smaller one in the apex of the right. Bronchophony was present, both anteriorly and posteriorly. An adhesion of the pleura in the lower lobe of the left lung produced much pain and difficulty in breathing. The suffering was so great, and the exhaustion produced thereby so extreme, that it seemed an absolute necessity to give morphia in quarter-grain doses in order to produce enough quiet to make further examination. The cough was expulsive in character, and always brought about vomiting and hemorrhage, followed by great prostration and collapse. Chills formed a most distressing and intractable feature, coming on unannounced, continuing for from twenty minutes to half an hour, always followed by drenching perspiration and then by febrile reaction.

From the very start the heart had a heavy burden, that of pumping blood through a diseased pulmonary area, and this important organ suffered greatly. It was necessary to uphold it with stimulants from the beginning. Owing to diminished respiratory capacity, and decreased oxygenation of blood, cyanosis was a prominent local symptom from the beginning. And, despite this feature, the temperature ran a most discouraging and erratic course. With icy extremities, deep cyanosis and shallow respiration, the temperature per axilla would register anywhere from 102° to 105°, following the aforementioned chills.

Emaciation came like a melting fire. The tissues became so shrunken that there was practically no flesh on the bones, and this melting-away process was very materially aided by the continued nausea and vomiting.

As no medication by mouth was admissible, and life seemed hanging by a thread, it was determined to add to the hypos. and oxygen normal salt solution. This was prepared by using the S. & D. tablets, three to 800 c.c. sterile water. The patient lay in a semi-unconscious condition, respiration shallow and rapid, temperautre 103°, pulse 128. This was on December 19, four days after the initial attack.

As all tissues were so shrunken and depleted, the mammay tissue was selected as a point of invasion. After an application of ethyl chloride, the long aspirating needle was inserted, following the tract of a lacteal, and introducing the saline drop by drop. The effects were immediate. The patient rallied, pulse came up in volume, temperature fell, respiration grew deeper and less painful, and the exhaustion was materially lessened. The day following this first administration of saline solution, the patient suddenly became unconscious. The respirations ceased, there was no radial pulse, there was profound cyanosis and complete rigidity of the muscular tissue. Forty gallons of oxygen and hypodermatic injections were given, with no perceptible results. The timely arrival of another physician added strength to the force already employed, and 1,600 c.c. normal salt solution were administered per mammary tissue before consciousness was re-established. Suffice it to say that under normal salt solution, 800 c.c. every twenty-four hours, the patient lived and life functions kept up a regular, if feeble, action. Without this administration the patient sank into long unconscious periods, exhausted and prostrated, with every vital function suspended.

For sixteen weeks the battle waged, conditions above recited being present in any or all combinations. Temperature ran a regular course, rising and

falling in two perfect cycles in the twenty-four hours. As it was impossible to give any nourishment by mouth, the principal mode of feeding was in the form of olive oil injections per rectum, two to four ounces every four to six hours; sometimes retained, sometimes lost. All medication by mouth proved an absolute failure in so far as results were concerned. The usual remedies to overcome toxic conditions were positively *nil* as to any possible results, although echinacea, baptisia, glycogen, the different forms of creosote, etc., were given whenever the conditions warranted. Nausea and vomiting being features in the case which no amount of treatment seemed to overcome.

A microscopical examination of secretion showed tubercle bacilli in numbers, and also streptococci. At this time the temperature ran a course of from 101° to 103°, sometimes reaching 104.8°, the patient being greatly prostrated following, and long periods of unconsciousness supervening. Upon consultation, it was determined to give anti-streptococcic serum, as there was nothing to lose by such procedure, the patient evidently being near the end. Beginning with 10 c.c., the amount was increased by 10 c.c. until 180 was reached. The depression following this administration was not greater than that which preceded it. There was a perceptible effect upon the temperature, never higher than 100° being recorded thereafter.

It was found advisable to lengthen the time between salt water injections, as the system after a time did not respond readily, so forty-eight or seventy-two hours had to intervene, unless pulmonary hemorrhage, grave exhaustion or profound cyanosis appeared.

Toward the end of March, the heart, which had very bravely held its own, gave way completely, and without warning dropped to twenty-eight, then eighteen, and under frequent hypodermics, oxygen, and finally 1,600 c.c. normal salt solution,, rose to thirty-eight, in which neighborhood it remained, feeble, hesitant or intermittent, for eight days, after which it climbed to the fifties, and it was some weeks before normal circulation was reestablished.

On April 28, after nineteen weeks of battle against death, normal temperature, normal respiration and normal circulation were found, and convalescence went forward, cyanosis, intermittent pulse and some exhaustion appearing on overexertion or overstrain of any sort.

During the last week of May the temperature suddenly rose. Respiration became shallow, gasping and painful. Cyanosis appeared, with some petechiæ accompanying the purplish discoloration. It was then that the patient called attention to an anterior and lateral bulging in the lower right pulmonary region. Auscultation showed dullness of sound, entire loss of respiratory murmur, while palpation showed decided fluctuation. Diagnosis, pleural empyema, which the hypodermic confirmed. Aspiration brought 10 c.c. pathogenic pus, showing streptococci in some numbers. Owing to the depleted and exhausted state of the patient after the long siege of the winter, it was decided to simply give normal salt solution in 800 c.c. doses, relying on this agent to overcome the toxemia instead of regular antitoxin. This was done. Olive oil enemata, the administration of sweet cream or Kefilac as diet, all solid food being abandoned for the time. In four days temperature dropped, the pulse became normal, cyanosis much improved, though the respiration continued more or less rough and painful. Since then, though slight hemorrhages have appeared, temperature rises occasionally, and exhaustion follows slight physical or mental strain, the general trend is upward, and medication, other than stimulating hypodermics when necessary, has practically been abandoned.

The case is in many ways a remarkable one. Its long continuance, with violent phenomena a constant accompaniment; the complexity of symptoms or pathologic manifestations, and the continued administration of normal salt solution with beneficial results, the time of employment covering a period of five months. At the end of this period, normal function having been again almost completely established, we shall diagnose the case one of general toxemia, while the patient has survived the disease (and the treatment), and stands before you to tell the tale.

AMENORRHEA.

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The treatment of amenorrhea will depend very much upon the cause of the disturbance of the function. The causes of the cessation of menstruation are classified into physiologic, acquired and congenital. I shall not consider the first nor the last in this paper, but confine myself to those of acquired cause.

The periodical cessation of menstruation at the time when the function is being established, or that which appears on nearing the climacteric change, may be considered as physiological, and therefore, as a rule, needs no treatment. There are exceptional cases, of course, where the young girl suffers from distressing conditions due to the failure to establish properly the reproductive function, and must receive treatment to aid in bringing about a regularity in its occurrence. There are also some cases when the woman, in passing into the period of quiescence, will suffer as a result of the menstrual disturbance, and will have to have treatment. But in such cases the physiologic has given place to the pathologic.

Acquired amenorrhea may be due to vaginal atresia as a result of traumatism, labor, inflammation and ulceration. This variety is amenable to surgical measures only. The difficulty may be caused by debility or exhaustion dependent upon other diseases, such as acute febrile and infectious disorders. In such cases menstruation is absent during the course of the acute disease and for some length of time after, depending upon the degree of exhaustion caused by the primary trouble, and will re-establish itself upon a return to the normal bodily standard without treatment especially directed to it. It is plain, therefore, that our treatment should be directed toward the building up of the bodily health by establishing the normal physiological standard. We will therefore employ proper hygienic, dietetic and medicinal measures to bring this about. Medicinally, tonic remedies are indicated.

Chronic diseases of all kinds are very often accompanied by amenorrhea because nature, in her efforts to conserve the inherent forces of the body, shuts off all functions, usually, which drain the system of its strength and vitality; and whenever such function is held in abeyance it will not return and should not be forced to return, until the standard of vitality returns to

its former level. To attempt to force a return of menstruation at such times is bad practice, and will do much harm should we succeed in restoring it. A tuberculous female looks upon the cessation of her menstruation as the cause of her deterioration in health, while the fact is, and should be made plain to her, that such interruption of function is a wise provision of nature to conserve her vitality and prolong her life.

Obese women are very often subject to amenorrhea, which is due to a weakened condition of the nervous and vascular systems. Hence in such cases we should look after the general condition, which, if it can be changed to the normal, menstruation will then be re-established and go on as it should.

There are cases of acute suppression of the menses, due to exposure or other causes, in which it becomes necessary to re-establish the function by medication directed immediately upon the organs at fault. In such cases the conditions present will be a guide to the treatment. If the amenorrhea is accompanied by vascular excitement and nerve tension, with headache, hot flashes, etc., gelsemium in full doses will help to establish the flow by equalizing the circulation. Other existing conditions may call for other of the special sedatives, as aconite or veratrum. Evidences of congestion may be present, such as dull, heavy headache, aching in the back and pelvis, which belladonna will relieve. Pain in the back, extending down the legs, a dragging sensation in the pelvis, as if the uterus were being forced downward, is overcome by macrotys. Pain of an expulsive character, with a feeling described as that of "coming around," is relieved by viburnum prunifolium. This agent will give much aid in establishing the function. Caulophyllum or leontin will prove beneficial under the same conditions. If the circulation is feeble,with a feeling of dullness and hebetude, the skin sallow and inelastic, the tissues all relaxed; and when the sensations are described as a dull, aching pain in the back and pelvis, nux vomica, combined with belladonna and macrotys, may be used to good advantage. If the disturbed function is accompanied by nervousness, despondency, dizziness, unreasonable fear, etc., pulsatilla should be added to the treatment. In cases showing debility, loss of flesh and strength, etc., a general tonic treatment should be followed, no effort being made to force a return of the menses until an improvement of the general health is shown, when it is likely to return of its own accord. Among the better class of tonic medicines, hydrastis and calisaya stand at the head. Along with them I may mention calcium lactophosphate and arsenic; also a preparation of port wine and iron. In selecting the remedies, one must be guided by the conditions present as expressed in the symptoms.

I think it should be the rule not to apply the lash too strongly in our endeavors to re-establish a dormant function, but rather to gently coax the system back to its normal activity.

In those cases of sudden cessation from acute causes, such as cold or exposure, it is well to give remedies for the purpose of re-establishing the flow at once, if possible. The patient should be given a hot bath and put to

bed. Internally she is to have specific gelsemium and specific macrotys in maximum doses, which will usuallly bring about the desired result.

Amenorrhea results sometimes from emotional disturbances, such as grief, fear, fright, anger, etc. The apprehension following illicit sexual contact often causes amenorrhea, and the function may be dormant for several months to suddenly appear without treatment. In the treatment of such cases, time should be allowed for the elimination of a posssible pregnancy. In fact, in every case pregnancy should enter as a possible factor, and, unless otherwise eliminated, treatment should be deferred until after the possibility of mistake has vanished, for it is known to every physician that women will appeal to him for relief in suppressed menstruation, concealing the fact that pregnancy exists, and hoping to procure the unconscious production of abortion. Be careful.

ANEMOPSIS CALIFORNICA.

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Further inquiry shows how extensively anemopsis is used among the native Mexican population of Southern California. They use the plant in almost every kind of ailment, and because of its general use it has received the common name of *yerba mansa,* or household herb.

It is constantly employed in the form of a decoction, which is then applied either locally as a wash to the inflamed or ulcerated surface, or is taken internally as a tea for blood diseases and catarrhal conditions of the mucous membranes. It is used by the natives both as a lotion and as an injection, and is a simple and common cure for piles. It is also considered to be a sovereign remedy in heart disease, as a quieting agent, when that organ is unduly excited. In local swellings and painful tumors of the body, the green leaves are boiled or fried in lard or other kind of fat, and applied as a poultice or hot fomentation to the part affected. The Mexican, seemingly, could not keep house without this remedy in the family.

Its properties are stimulant, expectorant, astringent, alterative and antiseptic. It also acts as a sialagogue and carminative, relieves flatulence and promotes digestion. For these and other purposes, when the patient is able to be about and not seriously sick, a piece of the rhizome can be carried in the pocket and nibbled whenever a little of it is needed or desired. After the root has become perfectly dry it requires a good set of teeth to bite it. Used thus, it imparts an agreeable warm taste to the mouth, and if swallowed with the saliva it imparts a grateful feeling to the stomach.

Its chief value is in treating nasal catarrh and other forms of catarrhal disease. In catarrh of the nose it is used locally with an atomizer as a spray, but it is also given internally. The strength of the spray should vary to fit the conditions. In acute and sensitive cases it should be used weak, but in chronic cases it is required stronger. If it acts as an errhine and causes sneezing, the strength should be reduced, and not used strong enough

to cause discomfort. When it first touches the Schneiderian membrane it creates a feeling of warmth and possibly some irritation, but this is quickly followed by a comfortable sense of relief.

For ordinary atomizer use, from five to thirty drops of the specific tincture, in a two-ounce mixture of glycerine and water, is about the right strength for a majority of cases. This quantity of fluid nearly fills an atomizer. If the tincture is added to water only, it causes a cloudy mixture that separates on standing and causes a precipitate that clogs the atomizer. If one or two drops of glycerine be added to the water the mixture still remains opaque but does not separate, which fits it for use in the atomizer. This will keep it from spoiling indefinitely, and it changes only in appearance from a milky to a pinkish or opalescent hue.

While using a spray of anemopsis it should be snuffed up the nose until it is felt in the throat. If the patient now performs the act of swallowing it causes the soft palate to close, which forces the spray into the sulci or pockets of the naso-pharyngeal mucous membrane and touches every diseased spot. By the act of inhalation some of the spray is carried into the bronchial tubes and air cells of the lungs and applies the remedy to the entire respiratory tract. The spray should be used as often as is necessary, from one to a dozen times a day. If the spray is used as soon as the first symptoms of cold in the head are felt, it will usuallly arrest it in a few applications. There are times when a patient is subject to repeated attacks of cold, or by taking fresh cold almost before the first one is relieved and is followed by a second attack, and keeps on repeating. This character of cold denotes periodicity, and calls for an additional remedy in quinine, which should be given in suitable doses in the interval between attacks.

Anemopsis should be given internally at the same time that it is applied locally, as its curative influence is also exerted upon the mucous membranes through the blood. By its kindly stimulating influence it helps to clear the passage of mucus, and aids in overcoming congestion and inflammation. It is a valuable remedy in bronchitis, and allays irritation, promotes expectoration and relieves cough. It is useful in all pulmonary diseases, and is even a promising remedy in tuberculosis; but here it needs further testing.

In catarrh of the intestinal canal it is a valuable remedy used internally by the mouth as well as by injection per rectum. For internal use it may be given in doses of the fraction of a minim to ten drops in water or any suitable vehicle that is adapted to such cases, four times a day, and preferably before meals and at bed time. If used as an injection in intestinal catarrh, the enema should be given with a high rectal tube, beginning with a weak solution and increasing its strength as the case may require. It makes an efficient vaginal wash in leucorrhea, and should be used once or twice daily.

In syphilis and all blood dyscrasias its action is curative, but needs to be further studied to decide its full field of usefulness.

Anemopsis is indicated in all catarrhal conditions with increased secretion of mucus. It is a remedy for colds, nasal and intestinal catarrh, bronchitis, tuberculosis and syphilis.

THE MEDICAL SITUATION IN GERMANY.

Dr. Isenberg, Hamburg, Germany.

1. *The Serums.*—A prominent clinician, Professor Baginski, in Berlin, declared in that city, June 18, 1908, that the serum had robbed diphtheria of all its terrors, and that every conscientious physician would use the serum; that not to use it ought to be regarded as malpractice. This latter sentence has been seconded by other serum enthusiasts. In spite of that, the opposition to the serums is growing. About a year later, F. Meyer declared that his experiments had proved that the serum, in the dose of 3,000 to 5,000 to 8,000 units was ineffectual in severe cases, and that it would be necessary to inject 30,000 to 50,000 units in such cases intravenously. Morgenroth had come to the same results a short time before Meyer. If we disregard entirely the question whether the large dose of the serum will help or not, we can safely say, in my opinion, that the enormous price of such doses will effectually check the use of the serum.

A few statistics have been published which compare the results of the treatment of diphtheria before and after the advent of the serum. Dr. Schönholzer, of Zürich, comes to the conclusion that diphtheria has by no means been robbed of its terrors. In spite of giving it up to 8,000 units, the mortality was 13.3 per cent. Of all the cases, 25.5 per cent. had to be operated on, and of this number one-third died. In the period before the serum the mortality was 40 per cent., but then only the gravest cases were brought to the hospital, while now even very light cases are taken in, and even they receive an injection, because it is the rule of the game to give an injection even where there is only a suspicion of diphtheria, and "because the injection is entirely harmless." This, of course, helps to improve the statistics of the serum period. Another remarkable fact mentioned by this author is, that during the light epidemics of the serum period 650 more cases had been received in the hospital than before the serum time. Statistics covering a large period of years, made by Förster and Rosenbach, show that in general practice about 80 per cent. of the cases recover.

At the Medical Congress in Budapest, Professor Bourget, of Lausanne, has made a sharp protest against the serums. Of the 693 cases of true diphtheria which came into his clinic, 186 received an injection of serum, with sixteen deaths; 507 were treated by other means, with only four deaths, and these were brought into the hospital in a dying condition. During the last five years he lost four out of 226 patients. Bourget said: "This whole pseudo-scientific literature is merely a chaotic mass of terms and theories without a sure basis. Its deceptive assertions have confounded modern medicine to such an extent that we have to go back to the Middle Ages in order to find another such picture of scientific anarchy and deception. . . . This communication is the protest of a clinician who for fifteen years has been deceived by the promises of the serologists."

In the last years the former mild character of the epidemics seems to have undergone a change. In the year 1908 Cologne had to pass through a

severe epidemic, with a mortality of 30 per cent. in spite of a thorough and early use of the serum, which was given in doses up to 80,000 units. Hamburg and a number of other German cities had last winter a mortality of about 16 per cent. A few more epidemics like these cannot fail to dampen the enthusiasm of the serum faddists. To what extent they will go is shown by the following publications. Dr. Ibrahim proposed in 1905 that all children who were treated in the hospitals, for whatever reasons, should be vaccinated with the serum every three weeks, children sick with measles every fortnight. Friedrich said that in all cases of wounds caused by wooden splinters, rusty nails, etc., his patients received an injection of Behring's antitetanic serum. (So much the better for Behring!) But, as far as is known to me, the other serums are not in extensive use. Some physicians use the anti-streptococcic serum. Some time ago an author published good results in scarlet fever. But, in spite of scant success. the bacteriologists are busy preparing new serums. V. Brazil has prepared a serum anti-crotalicum, also the anti-bothrops, also the anti-ophidicum, against the bites of the poisonous reptiles of Brazil. Of course, they have had excellent results with them, no case lost who received the serum!

As the action of the serums begins to be better observed, other facts come into view, for example, the anaphylaxis remaining after an injection. The body of the patient becomes highly sensitive to this special serum, and a collapse is likely to occur after a repetition of the injection, which may even endanger the life of the patient. Several cases like that have been published. In one of them, I think the first injection had been given about two years before the second one, and still a dangerous collapse occurred. I think an increasing number of physicians are now alive to this danger; and, as repeated infection with diphtheria is not a rare occurrence, they will have to look for other means of treatment in such cases. It seems after all that those men who said that diphtheria had been robbed of all its terrors, have been blowing the horn a little prematurely.

It certainly is a sign of the times when the editors of the *Münchener Medizinische Wochenschrift* give the money to enquire into the question why the Behring's anti-diphtheritic serum is inefficient in certain cases. Dr. Uffenheimer came to the conclusion that the poison produced in such cases might not be exactly alike to that which had been used in manufacturing the serum. A note he makes is quite characteristic: "How difficult it is at the present time to get animals is quite evident from the fact that about three-quarters of a year was needed to complete the above experiments. I could get the animals only a few at the time ("etappenweise"), from the most different places, also from some Austrian cities, and had to interrupt my examinations repeatedly." May be that they will find more doubtful points and a lessening number of animals the deeper they inquire into the serum question.

Quite recently another author has proposed a prepared anti-diphtheritic serum from sheep, in order to be able to avoid the danger of anaphylaxis where repeated injections become necessary.

A number of authors nowadays are of the opinion that the action of the anti-diphtheritic and other germs is simply due to stimulation of the white blood cells, and that they have no "specific" effect at all.

2. *Tuberculosis and Tuberculin.*—Schröder says that neither experiments on animals nor pathological examinations have proven that the injection of high doses of tuberculin, in order to make the patient immune against the poison, have a curative effect on tuberculous processes. It is impossible to prove that resistance against tuberculin means also resistance against tuberculosis. On the contrary, the number of observations are on the increase that such patients, who have been made immune against the effect of the injected tuberculin, are more easily liable to grave relapses and to a spreading of the disease than patients who have not been so treated. He is of the opinion that the sensitiveness against the tuberculin is a useful sign, which ought not to be removed, especially as 66 per cent. of the patients, who are sensitive against tuberculin, are cured without any special treatment. He is of the opinion that the effect of the tuberculin consists in producing a reactive hyperemia around the seat of the disease and in stimulating the production of antibodies. This can be done with minute doses of tuberculin, but also, as the reviewer adds, with hetol, camphor and other remedies. Schröder also warns against overestimating the disappearance of the bacilli from the sputum, as this happens even in cases where the disease progresses. Krämer has made the assertion that there was no cure for tuberculosis without the treatment by tuberculin, and only that patient ought to be regarded as cured who did no longer react on doses of tuberculin. Of course, other authors have contradicted him with cases of their own experience. Another enthusiast was also so sure of his tuberculin that he wants it to be regarded as malpractice not to treat cases with tuberculin. It seems that such men have absolutely no eyes to read the publications of others who are less enthusiastic than they. I have seen cases here, who had been treated with tuberculin, and consequently were worse off; the tuberculin cure could not be finished, even when very small doses were given, because the health of the patient grew steadily worse. Fuchs has published his experiences with eighteen children, whom he treated with tuberculin according to Schlossmann, but in not a single case was he successful. In some of them they went from bad to worse; besides, he saw several times disagreeable local reactions. The cutaneous and the conjunctival reaction to tuberculin have played havoc with a large number of people, but, as Lereboullet says: "If the reaction is positive, we may not assume that the bronchitis, or whatever the patient may suffer from, is of a tuberculous nature, and, on the other hand, a negative reaction does not prove that the patient is free from tuberculosis." Buttersack says that it is an error to imagine that all persons ought to react alike, and that for the physician it is less important to demonstrate the presence of a tuberculous spot than to which degree the body of the patient is able to resist disease. And this resistance against disease is from its very nature something variable, something ever changing. From what is known to me, the majority

of the experimenters are agreed in their estimate of the reaction as pronounced above by Lereboullet. The only thing I do not understand, then, is why they will use the reaction at all. If it has only value in combination with other methods of examination anyway, why then endanger the patient and his health by making the reaction at all? This seems to me to be an enormous contradiction, which is also found elsewhere; for example, in the famous Wassermann reaction. To me it is absolutely incomprehensible how a physician like Dr. Krause can talk of the absolute harmlessness of the tuberculin-cure, how he can ask that tuberculosis should be combated in a similar way as the smallpox with vaccination. Every child, from its second year on, ought to be examined for tuberculosis; the suspicious cases should be tested with tuberculin; the children suffering from any form of tuberculosis, also their sick relatives, should be treated—*if necessary by force*—"specifically" until they were cured. Compare with that, that the number of new tuberculins is increasing daily. We have on this side now the T, TO, TR, BE of Koch, Landmann's tuberkulol, the preparations of Beranek, Denys, Gabrilowitsch, Jacobs, Jessen, Krehl and Matthes, Möller, Spengler, etc. Klemperer and Meissen are skeptic as to the effect of tuberculin. The latter says that tuberculin is no remedy of tuberculosis, that, at the utmost, it was having a stimulating effect and was producing hyperemia around the seat of the disease. He concludes that it will be much better to raise the power of resistance of the body through hygienic and dietetic measures than to experiment with specific remedies. Dlusky has examined two hundred and twenty-nine articles on the tuberculosis question, and comes to the conclusion that the whole matter is a chaos, contradictions in everything pertaining to treatment, indications, etc. He says that the statistics show that the results from a combined hygienic-dietetic treatment with tuberculin are no better than those from the hygienic-dietetic treatment alone. Rolly has examined the various tuberculin reactions, which show not only active but also latent tuberculosis; 80 per cent. of all grown-up persons, who do not have the clinical symptoms of tuberculosis, and where the diagnosis of tuberculosis is out of the question, have a positive reaction, while it also happens that persons having the clinical signs of tuberculosis show a negative reaction; in rare cases the reaction can be positive, and the post-mortem examination does not show the presence of tuberculosis. Stumpf says: "The belief in a specific effect of tuberculin has so far not been proven by positive animal experiments."

3. *Vaccination.*—Also the vaccination dogma is assailed vigorously nowadays. There is an association of physicians who are anti-vaccinationists. The opposition from the lay element seems to grow also. Dr. H. Böing has published a new book, "New Inquiries into the Smallpox and Vaccination Question," (1898), also a number of articles. He says that he does not deny that the vaccination affords some protection against the smallpox, but asserts that the duration and strength of this protection is enormously overrated by the friends of vaccination. In all new larger epidemics many persons contract the disease who have been vaccinated; the mortality is

about the same as during the time before Jenner. The revaccination in the twelfth and twentieth year (soldiers) is successful, but even a fourth and fifth vaccination repeated after only one and one-half years is successful, therefore the immunity can be only of a very short duration, and the very great majority of all the people are unprotected. In spite of that the smallpox are hardly known, although a slight increase can be noted in the last few years. We are of the opinion that it is more the improvement of the hygienic measures and the spread of cleanliness and knowledge that keeps the smallpox away from us. Dr. Böing comes to the conclusion that compulsory vaccination could very well be dispensed with, because its usefulness is problematical, and quite a number of those vaccinated are harmed thereby.

The following case, observed by Dr. Boehncke, in Witkowo, is liable to cause some doubt as to the efficacy of vaccination. A laborer, fifty-eight years old, who had been vaccinated successfully in his youth once, was taken with smallpox and died. The duration of the disease was three weeks, counting eleven days as the period of incubation. A little daughter of the man, of the age of eleven years, who had been vaccinated successfully in her second year, was constantly around the father, and had the very best opportunity to contract the disease, but neither she nor anybody else in the household became sick. After hearing of the case, the health department asked Dr. Boehncke to vaccinate this eleven-year-old child. He did this the day after the father had died, and was quite astonished to find that the vaccination was fully successful. Dr. Boehncke had assumed that the child did not contract the smallpox because she was immune from her first vaccination. He was therefore quite astonished to see that the vaccination was successful. We can conclude, therefore, he says, that a person may at the same time be immune against smallpox, but not against cowpox. He thinks that Rosenbach is perfectly right, who maintains that there is a fundamental difference between artificial and natural infection.

In this connection an article by Dr. Gottstein on the periodicity of the epidemics is of great interest. He shows that each disease has a certain type of recurrence, viz.:

(*a*) Measles, smallpox and whooping cough with their high index of contagiosity show very short steep waves, their elevation lasting one-fourth to three-fourths of a year, their intermission period three to five years. At first the school-children of about six years are taken ill, they carry the contagion home, and in this way the whole susceptible material contracts the disease and in the short term of a few months. Then, for about five years, the number of susceptible children is decidedly less.

(*b*) Scarlet fever shows a wave length of eight to twelve years, as the index of contagiosity is decidedly smaller. Therefore it takes much longer time before the susceptible children are reached.

(*c*) Diphtheria has a wave length of several decenniums. In the beginning of the epidemic the youngest classes are taken ill, on its height all, on its decrease only the oldest classes. In this way a gradual diminution in

malignancy and in the number of cases takes place, until another generation more susceptible to the poison of diphtheria has come.

These results have been reached by examining the statistics of the different epidemics for a long period, and by grouping the number for each disease separately. And, it seems to me, that they tend to confirm what the skeptics say, that Behring's serum and the vaccination happened to be introduced at a time when the character of the respective epidemics became milder; and this was then wrongly referred to the remedial measures used.

4. *Appendicitis, Antisepsis.*—In these questions medical thought is undergoing a change. For a time the surgeons had full sway with their opinion, that every case of appendicitis ought to be operated upon right away, but now the others take heart and say that that would be worse. Lenhartz has come out with the statement that even in case of suppuration he does not want an operation, but that he draws out the pus with a syringe from the abscess and has had very good results with this procedure, better ones than operation could have. Of course, the surgeons have contradicted him flatly, but, as this was a congress of internists as well as surgeons, Lenhartz was not without support. Recently the surgeons had a congress without the disturbing element of the internists; there they freely proclaimed their earnest conviction that every case ought to be operated as early as possible—and all the papers have proclaimed this, as was intended, as the only reasonable opinion on the subject. A surgeon, Berndt, has said, that nowadays nobody needed to die of appendicitis; but another, Sonnenburg, was more conservative in his statement in saying that there would always be cases who would die, with or without an operation, because of the great malignancy of the infection, and that it would never be possible to save all cases. Herz has said that appendicitis is a benign disease, excepting about 5 to 8 per cent., that in the other 90 per cent. the operation was more dangerous than the disease itself. He explains the pessimism of the surgeons through the fact that they generally see only the severe septic cases.

The extreme of anti- and asepsis is gradually recognized as being unnecessary and harmful. Büdinger explains that it is impossible to kill germs which have penetrated into the body texture. We can only do away with bacteria which have remained on the surface of wounds. The usual antiseptic solutions ought only to be used in a concentration which is sufficient to guarantee sterility, but without causing a caustic action on the tissues, and merely in general practice to keep the instruments sterile. The usual energetic washing and brushing of the surroundings of a wound, the shaving off of the hair, he calls superfluous and even harmful.

What has been said so far may show that things do move here in Germany, but, I have to add, that they move very slowly. Dogmatism is prevalent. There are too many men who will say at the slightest provocation that to do this or not to do it has to be regarded as malpractice. This assumption of infallibility leads to a thoroughly unscientific standpoint; there are many, many men, who will say it is impossible that the other method can be

good, because there could not possibly be anything in it. They know that strong claims are made for others' methods of treatment, but they would not try them, even if everything would be explained to them. A great bone of contention is the treatment of syphilis. The majority of physicians here are absolulutely convinced that only mercury, the iodides and the latest sensation, the Ehrlich-Hata arsenic preparation, can cure it. Recently a lay practitioner has been sentenced in court because he had treated a man for syphilis without mercury, "because he had kept the patient away against the acknowledged rules of medical practice from the proper treatment by mercury, the only effective remedy against venereal disease. By that he had not checked the disease, but given it free reign, so that finally it became much worse." Even the court of appeals confirmed this Solomonic sentence. This has been taken from a little journal, *Der Gesundheitslehrer* (the teacher of health), which is the official organ of the German society against illegal practitioning (*kurpfuscherei*). The law permits the practice of medicine to everybody, and there are in Germany, according to statistics, about 4,000 lay practitioners; a number of them are surely very incompetent, others are swindlers, and there are many competent men who thoroughly understand hydrotherapy. But everyone of them is branded a "kurpfuscher," a swindler, in spite of the fact that there are many people who have been cured by them after they went in vain to a regular physician. The society would even like to class physicians who have left the orthodox ranks as "kurpfuscher," or swindlers. They cannot conceive that there can be another system of therapeutics outside of that which is taught at the universities. They deny vigorously that there is any truth in homeopathy; they therefore deny a chair for homeopathy at the universities. Men who write about homeopathy are not quoted. For example, Prof. Schulz, of Griefswald, who has been examining into homeopathic materia medica and published a very valuable book of lectures on an organic materia medica (which I would recommend to the Lloyd library, if it has not been purchased yet), is simply killed by a universal silence. Another physician, E. Schlegel, has written a book on cancer, which he claims to have cured in a number of cases by homeopathic and other remedies. His book is called a novel, fiction, agreeable to read—but it is beneath the dignity of an orthodox physician to investigate. The publisher had to defend himself for publishing the book, as some of the orthodox brethren think that such heresy ought not to find a publisher at all. What does it matter, if the public calls for homeopathic or other physicians? Would there be such a number of lay practitioners, if the regulars were satisfying the public? These men are not consulted only by ignorant people. A number from the very best people as to rank and influence go to them. Practically all physicians of Germany have organized in order to protect their interests. The organization is dominated by a few very sharp men, who carry along many who would otherwise take a more liberal standpoint. They have certain notions as to how much the public ought to know in regard to their health, their ideal being that every person ought to consult a physician, right away, for any

minor ailment. In almost the whole of Germany we have the *ehrengerichte,* courts which have to watch about the honor of the profession. These courts can fine a man rather heavily, and they do make a lot of fuss about minor points, which, it seems to me, are entirely unessential. They are also used to club back into submissiveness, if possible, men who have strayed from the orthodox rules. The rules of procedure in these courts are not so that they will always be impartial, or that the rights of the accused will be fully protected. The liberal physicians have two organizations, but they are small and comparatively powerless against the great organization. At the universities there is also very little room for independent men; cliques seem to rule. Prof. Dührssen openly makes the charge that every professorship in gynecology in Prussia is in the hands of friends or pupils of Olshausen, and no scientific adversary will be called as a teacher. He quotes a letter written to him, "I regret very much that you have spoiled your academic career by your fight with Olshausen" (Prof. Fritsch, formerly assistant of Olshausen).

And now we have the latest sensation, the Ehrlich-Hata 606, concerning which there is a storm of enthusiasm passing through the medical papers, and through the political papers as well, just about as at the time of Koch's tuberculin. It will subside sooner or later and then we will know whether the new remedy can safely be used. It is a near relative of atoxyl and those other arsenic derivatives, which also were heralded as wonderful discoveries and have utterly failed. The number of cases of total, absolute blindness caused by atoxyl is more than sixty in Germany alone. How many more have occurred since, or have not been published, is not known. Ehrlich hoped that a single injection of his "606" would cure syphilis. We know now that that is not to be expected; that the injection will have to be repeated, sooner or later. And then the question comes up again, will not repeated injections cause blindness or destroy part of the spinal column, as has happened also with atoxyl?

As it seems to me, the liberal movement here is holding its own, but it will be very difficult for it to gain great force. To establish an independent school is very difficult, and not to be thought of yet. There are a few journals, like the *Aerztliche Runschau* or the *Therapeutische Runschau,* which will take contributions from independently-thinking men, and dare to open their pages to criticisms of the serum passion. And we hope that their influence and their numbers will grow.

PISCIDIA ERYTHRYNA.

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Synonym, Jamaica dogwood. Part used, bark of root. Natural order, leguminosæ. Habitat, West Indies. Constituents, piscidin (a resinoid substance), resin, oil and calcium oxalate.

Dose, fluid extract, five drops to one drachm.

Physiological Action.—On the heart, piscidia, in fair dosage, stimulates the vasomotor center in the medulla, causing increased arterial tension and increased heart action. This condition continues for a variable period, gradually giving way to lowered arterial tension and decreased cardiac action. Toxic doses may even cause circulatory paralysis.

On the lungs: Increasing dyspnea is followed, in sufficient doses, by respiratory paralysis.

On the brain and spinal cord: Drowsiness, gradually increasing; muscular relaxation; inco-ordination of movement; diminished reflexes; lowered sensibility; dilatation of the pupils. Toxic doses produce convulsions and a tetanoid condition caused by overstimulation of the spinal cord.

On the glands: Piscidia stimulates salivary secretion, diaphoresis, and, to a slight extent, diuresis.

Its action on *other tissues and organs* is so slight that it need not be considered. Its action on the heart, lungs and glands *is due directly to its effect on the nervous system.*

Its Sphere of Usefulness.—It logically follows that its usefulness depends upon its action upon the brain and spinal cord, for other remedies excel it in its effect upon the heart, lungs and glands. Furthermore, it is well to consider that this remedy has no direct effect upon the gastro-intestinal tract, and that it therefore induces no nausea, no anorexia; that it does not suppress the secretions; that it does not inhibit normal peristalsis, causes no unpleasant after-effects and produces no subsequent craving for the drug.

Piscidia may therefore truly be called a harmless nerve sedative, indicated in the three following conditions: (1) Spasmodic affections; (2) neuralgic affections; (3) cerebral excitation.

1. *Spasmodic Affections.*—Spasmodic coughs, such as whooping-cough, in which it has been highly lauded as a specific. The cough of phthisis will yield to the remedy under consideration when large doses of codeine have failed. In dysmenorrhea piscidia has been remarkably efficacious. A morphine habitué, taking ten grains three times daily, suffered excruciating agony at menstrual periods. An increase of two grains at each dose brought no relief. Piscidia, in 10-drop doses every hour, did bring relief, and hitherto has proved unfailing in that particular case. Acute intestinal colic yields to piscidia. Gall-stone colic and renal colic, while not yielding to the remedy as they do to morphine, are rendered bearable by Jamaica dogwood after an initial dose of the former. Piscidia has been used to lessen labor pains, and has been lauded by some observers as highly efficacious.

2. *Neuralgic Affections.*—Facial neuralgia seems particularly amenable to the action of piscidia. Ovarian neuralgia and pains due to straining on the uterine ligaments in displacement and tumor, are relieved by this remedy. Some observers claim that the pelvic viscera are especially amenable to the effect of this drug.

Locally, piscidia has shown active anodyne properties in epididymitis, neuralgia, otalgia, toothache and felons.

3. *Cerebral Excitation.*—For sleeplessness, in both sthenic and asthenic conditions, piscidia is a reliable remedy. Delirium in sthenic conidtions yields to piscidia, as does hysteria consequent upon uterine and ovarian disorders. Piscidia is of great use in hemicrania and congestive headaches generally.

Synergists.—Piscidia in its action resembles a number of drugs, among which are opium, dioscorea, viburnum prunifolium, pulsatilla, gelsemium, bryonia and cimicifuga. In comparing piscidia with opium, we find that the latter is more certain and powerful in analgesic action, although piscidia compares very favorably with the other in hypnotic effect. Piscidia has none of the disadvantages of opium. Where decided analgesis is demanded, piscidia is useful in continuing the effects produced more rapidly and positively by morphine.

Dioscorea bears some resemblance to piscidia in its anodyne properties, but this is limited to spasmodic contractions of unstriped muscular fiber. These two agents work harmoniously in such conditions, and may be combined to great advantage.

Dioscorea and viburnum prunifolium resemble each other in action very closely, viburnum having for its especial field the uterus. Piscidia likewise has a decidedly sedative effect upon an irritable uterus, and in combination with viburnum enhances the action of the latter.

Pulsatilla is particularly indicated in functional disturbances consequent upon irregularity or perversion of the sympathetic nervous system, whereas piscidia is called for by symptoms referable to the cerebro-spinal system.

Gelsemium resembles piscidia closely in its toxic action. In smaller doses, gelsemium exhibits more positive effects in febrile conditions with active congestion. Piscidia seems powerless in overcoming pathological conditions dependent upon acute capillary engorgement. Gelsemium lacks the direct hypnotic power of piscidia, although it is a pain-reliever in indicated conditions, of the first rank. Gelsemium has a directly sedative effect upon the circulatory and nervous systems, in minute doses, which is not true of piscidia. Owing to personal idiosyncrasies, piscidia may be used in some conditions where gelsemium cannot be tolerated.

The analgesic powers of bryonia lie chiefly in its effect in inflammation of serous membranes. It acts by sedation of the capillary engorgement, the general improvement being directly dependent upon that fact. Piscidia exercises no such effect upon the pathological condition itself, but only by lowering the sensitiveness of the irritated nerve terminals.

Cimicifuga, as far as its analgesic and sedative action is concerned, is particularly indicated in muscular wrongs, although its sedative effect upon the general nervous system is undeniable. Its action, though very much slower and less positive than piscidia, is of longer duration, and productive of a cure, which cannot be said of the latter drug. Piscidia in such cases serves simply temporarily for the rapid relief of pain.

Piscidia may be combined with any of the foregoing remedies to the greatest advantage, seeming to enhance and quicken their action, thus hastening convalescence and recovery.

THERAPEUTICS OF HICCOUGH.

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Dunglinson describes hiccough as "a noise occasioned by the sudden involuntary contraction of the diaphragm and simultaneous closure of the glottis." In practice it is regarded as a symptom rather than disease, and a successful relief from the annoying state depends upon the cause producing it.

Exceptionally, hiccough has proven quite serious, death even resulting from exhaustion occasioned by the continued spasmodic condition, which precluded rest or sleep. In trivial yet annoying forms which occur from too rapid eating or bolting of food, relief is speedily brought about by partaking of a drink of fluid, particularly if some aromatic or carminative agent is added, such as cardamon. Should acidity of the prima via be an exciting cause, alkalies and absorbents, such as soda bicarbonate, or potassii bicarbonate, or bismuth subnitrate, either singly or incorporated with charcoal, will give the relief sought. Exceptionally, in obstinate cases, where nausea and vomiting is present, indicating functional disturbance of the stomach, not bettered by remedies given by mouth, a resort to lavage with the stomach-tube meets the requirements. In that form of hiccough which not infrequently is serious as a sequel to abdominal operations, it not rarely taxes the best ingenuity of the physician to overcome it. On these occasions the loss of needed quietude is not the only bad feature, but the continuous jarring of the abdominal viscera impedes the progress to recovery by the mechanical unrest and irritation produced. I have observed in instances of this nature that particles of ice allowed to melt in the mouth and swallowed, or iced champagne, afforded relief. On the other hand, the opposite extreme measure, consisting of sips of hot water, will quell the disturbance. Sometimes also the antispasmodics are useful. In one instance, after various measures had been employed without success, gelsemium did the work satisfactorily. Hoffman's anodyne has proven good, likewise spirits of chloroform.

In that form which occurs as a neurotic phenomenon at irregular intervals, independent of overcrowding the stomach, the cause will have to be looked for in the nervous system, with agents directed along that line. Asafetida and the valerianates or scutellaria serve to control nervous impulses of a spasmodic character, and if hyperesthesia of any viscus is present hyoscyamus will relieve by its soothing influence upon the terminal nerve fibers. Those cases of nervous origin, where irritability of nature is present, with evidences of cerebral hyperemia, are best met by chloral hydrate or the bromides to induce anemia of the central nervous mass. On the other hand, those cases due to depression from extreme states of debility or waning vital force, require the incentive action of stimulants, as strychnia and alcoholics.

It has been stated that the distinctly periodical form is overcome by quinine in antiperiodic doses, though I never have had occasion to employ

it in such instances. In extreme cases of whatever form, excepting those of greatly reduced vitality, where the apparently indicated conditions have been met with appropriate remedies without success, recourse should be had to narcosis, either by the inhalation of ether or chloroform, or to the hypodermic use of morphine.

ADVANCED MEDICINE.

Lyman Watkins, M.D., Blanchester, O.

In the dawn of the twentieth century many wonderful events have transpired, and it requires but a slight effort of the imagination to foresee still greater heights of achievement. By the scientific application of known principles, the transformation of energy and the abrogation of the laws of gravity, are no longer vague and indefinite propositions, but are well-established facts. In all this advancement along the lines of progress and development, medical science has not stood still, but has also brought forth from experiences of the past much that is good for the welfare of the race. Indeed, it is sometimes said that the efforts of the medical profession for the betterment of mankind are slowly removing the necessity for such a profession.

Improved hygiene, the prevention of contagious and infectious diseases, public instruction in the laws of health and prophylaxis, all tend to render the health of the people better and the need for the physician less.

The treatment of disease has made great steps in advance of the past, and many conditions are now remedied that were formerly considered incurable and hopeless, or which were made so by our blundering attempts to heal.

In the treatment of nervous affections, of insanity, of various psychoses and neuroses, we have reached a point where our ability to relieve and cure seems to be greatly increased.

We now regard the former state of the insane and the mentally incompetent with much regret and pity, when we recall the treatment accorded to them in past years. The cruelties, harsh and destructive methods applied to the mentally afflicted in the not very remote past, are familiar to those who may have acquainted themselves with history. While we may not unkindly criticize our predecessors, who doubtless were sincere in their efforts to ameliorate the condition of this class of sufferers, still we can now see that other measures are better, and we no longer regard the insane as monsters or criminals. In the light of modern methods the medical profession indeed casts out devils, raises the dead and restores the sight to the blind.

The pathological states in which the individual is practically dead to the world, consist, in part, of cretinism, brain tumors, thickening of the skull, depression of the inner plate, spiculæ, rectal wrongs, ovarian derangements, paralysis from cerebral or spinal pressure, iritation of the vagus in any of its terminal distributions, and impoverishment of the blood by frequent pregnancies or excessive lactation, by irregular modes of living and over-

work. We are now able to restore to health and a useful life many of these patients.

The excellent results following the removal of adenoids, and the correction of visual, aural and dental wrongs, and the applications of orificial surgery, are now established beyond criticism. And thus we have been able to "cast out devils," for it has been found that a large percentage of the criminal young, and of those children who appeared to be "naturally" vicious, have been affected with some inherent wrong of structure. In many cases the removal of these sources of irritation has been followed by a favorable change in the disposition of the patient, and they have become tractable and right-minded. It is also shown that children who were regarded as slow in their studies or who were dull, stupid and sluggish, have, by the removal of these structural aberrations, become bright and energetic, with a favorable change in their entire mental equipment. They had been handicapped, held back, and were not allowed a square deal because of natural defects. The old adage, "Let Nature alone," has been shown to be a fallacy, for in some instances nature left alone will produce a fiend, an idiot or an incompetent. Medical science comes to the rescue.

We are able to improve the condition of those afflicted with visible wrongs, such as are amenable to treatment, but no doubt there are many who are suffering from internal defects as yet undiscovered, but whom we have not learned how to help. In fact, there is no abnormal condition without a cause, whether this be mental or physical, and every criminal and every individual who is mentally awry in any manner, is a subject for the physician rather than for the prison or the asylum. At present we must confine our vicious and our insane for the protection of society, but, after all, the fact that we must do this is but a confession of our lack of skill to successfully diagnose and treat such conditions. However, we are progressing. Perhaps in a few years our successors will marvel that we did not know better how to treat the sick; for as we stand upon the mistakes and successes of the past, so will future generations stand upon ours.

It is no longer considered a miracle to restore sight to the blind, for this is now done by skilled operators in every country. Not only are the blind made to see, but even better, blindness is prevented in many cases. In the State of Ohio, and also in others, no doubt, two thousand out of every five thousand blind are needlessly so—that is, by proper measures at the proper time blindness could have been prevented. The State has undertaken to dispense a general knowledge of the cause of infantile blindness and the remedy. Every physician, nurse and midwife is provided with literature on the prevention of blindness, which they are urged to disseminate among the people. Great good has and will come from this movement.

Medical progress has caused a new religion to arise, of which President Eliot, of Harvard, says the physician and the surgeon are the priests. For now, when an injury is received, the patient does not hie himself away to pray to an invisible deity, saint or god of wood, stone or brass, and perhaps die of septic infection in the meantime, but goes to a surgeon, has his

wound disinfected and dressed with antiseptics, and is soon at work again. Indeed is this new "god" so well recognized that wherever workmen are congregated a surgeon is held available, so that life, time, trouble and expense may be saved.

Now no longer, when yellow fever, bubonic plague, cholera or destructive contagia threaten, are the church bells rung and the people called upon to pray that these calamities may be averted by divine interposition; but we isolate, quarantine and meet the danger boldly with germicides and disinfectants, and so stamp it out in its incipiency. Even the dread disease tuberculosis, that has in the past levied a toll of one-seventh upon mankind, is no longer contended against so much by prayer as by prophylaxis. The new deity, the new religion, the new church, supplants the old, inasmuch as we are taught to rely upon our own efforts rather than upon the unknown and unseen power, which is, after all, as it should be. A feeling of pride arises when we contemplate the good done by the medical profession. It is one of the noblest of callings. What can be more commendable than to heal the sick, relieve suffering and prevent disease? It is indeed an honor for a man to be able to say, "I am a physician."

THUJA OCCIDENTALIS.

W. Leming, M.D., Tucumcari, N. M.

Thuja, or arbor vita, is one of the oldest plant remedies in existence, having been introduced into Europe in 1600, yet it has never been properly and consistently studied. Thuja is one of the few remedies which can be said to affect tissue itself, especially the paracytic, exuberant tissue.

Its effect is somewhat similar to that of certain mineral remedies, considering its erosive properties on low-grade tissue. Mercury bichloride, gold, and, in some respects, chromium sulphate, resemble it. But the difference is that where the mineral drugs are generally harmful or even dangerous if given in too large doses or continued too long, thuja seems to be comparatively, if not entirely, harmless. I have given it a year at a time and never seen a bad result from it other than an occasional disturbance of the urinary function by its over-stimulation on those organs.

It seems to me that thuja should always be reserved for the case that shows atonicity or low grade of tissue changes, low vitality, low sanious discharges, low reflex irritability. On the skin we find the lack of tonicity, of elasticity, with the various exuberant growths and granulations, fissures, ulcers, eruptions, etc. On the urinary organs there is the same degree of relaxation and atonic fullness that shows the need of a tonic influence. This atonicity may result in bedwetting in the youngster or in dribbling in the aged. Wherever there is the low grade of activities, thuja will at least assist the proper remedy.

Thuja is particularly useful when there is a syphilitic history, with warty growths about the orifices of the body. Injected into these or applied lo-

cally it will remove them. In hydrocele, as an injection, it has gained great renown, being used after the fluid has been removed, massaging the drug thoroughly into the space. Thuja will also prove curative as a local stimulant in chancre and various skin diseases. Its benefit in cancer has been disputed, but it certainly has a good effect on various forms of skin cancer. I have seen it several times retard and practically remove growths which have been diagnosed cancer by competent men. The effect is slow, but the work is painless and as certain at least as harsher methods.

This drug has proved efficacious in certain eye troubles, especially trachoma and chronic conjunctivitis. Likewise in nasal discharges with ulcerations, etc., or in nasal polypi, here injecting the drug directly into the mass. Pterygium may sometimes be removed by the remedy.

Wherever there are false growths, foul discharges, relaxation or tendency to ulceration, thuja must be thought of.

Of the remedies useful in acute cystitis may be mentioned gelsemium, cantharis, apis, cannabis indica, rhus tox., eryngium, and the sedatives, aconite, veratrum viride, and jaborandi.

This being an inflammation, it is treated similar to any inflammatory affection, barring a few changes for the character of the tissue involved. The first remedies chosen are probably the general sedatives, aconite, veratrum, jaborandi, etc. Next the local remedy, generally gelsemium, or cannabis on account of the pain and spasmodic action. Apis is reserved for the case, showing a great deal of pain in the region of the kidneys, with high colored urine, and puffiness under the eye. Eryngium is a soothing diuretic and anodyne. Cantharis, given in the minute dose, is the remedy in the very acute cases, with intense burning and passage of blood. Opiates are seldom needed, but if necessary may be used by rectum in the form of suppositories. Macrotys is a useful remedy to finish the cure, removing the soreness and congestion remaining after the acute attack has worn off. Rhus tox. may be necessary in the subacute stages with burning and nervousness.

These remedies are usually sufficient if attention is given to local measures and proper nursing.

OBSTETRICAL EMERGENCIES.

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Every case of obstetrics is in some sense one of emergency, and the surgeon in order to bring each and every case to a successful termination should be in the possession of a minute and definite knowledge of the anatomical construction of the female pelvic organs, as well as the bony framework surrounding and supporting said organs. He should be familiar with all diameters, planes and straits, having a topographical knowledge of all elevations, depressions, curves, concaves and convexes. He should, as it were, walk over the premises and view out the land, educating the sight, that is, in his hands and fingers, so that he may recognize irregularities as well in the dark as in the light. By this finger-sight, the educated touch, he can dis-

tinguish normal from abnormal, dead tissue from living, mother tissue from infant, fluids from solids and semi-solids; when he is fully familiar with the female form in its minutest detail, he should make himself the possessor of the working tools of his calling, which will vary according to the individual. Some individuals have many, some few, and by some no instruments are carried at all; if you are a "hay-rube" you would better not have instruments, but if you desire to remain on the firing-line you must be armed, and properly so, or you will not stay there, for this is a day of sharp competition and strenuous work, work that must make good, that does something, that must give satisfaction, that must be superior.

Next to the aforesaid knowledge of the anatomy of the parts and possession of instruments, should stand the when and how to use them; add to this a knowledge of the remedies having a selective affinity for the female generative organs, together with their indications and dosage, and a level-headedness not to be stampeded and the obstetrician is ready for work, and may confidently measure lances with the ablest competitor in this great field.

In the days of our youth, when but a nursling at the medical fount, sitting at the feet of the great John King, we were instructed to leave all our instruments at home when called to a case of obstetrics lest we be tempted to indiscreetly use them, and ample time would be had to send for them when needed. After the first three years of our experience this instruction went unheeded, and we have since then carried an obstetric bag containing not a multiplicity of instruments, but an outfit of the big and little things reasonably expected to be needed in a country practice, in mansions, cabins and hovels, miles from headquarters, where they are to be procured, including the simplest type of article and ranging from safety-pins to a craniotomy set. Over thirty years' experience has proven the worth and value of the ever-present obstetric bag, for if one life must be sacrificed to time and distance because of its absence, the lashing of conscience would keep awake the true surgeon many and many an hour; on the other hand, if its presence saves a life or abridges the pangs of labor throes or assuages the pains of a lacerated perineum, the surgeon may peacefully rest in the paradise of the communities' commendations with the consciousness that he has faithfully discharged his obligations to himself and humanity.

We come now more properly to the consideration of the subject in hand, "obstetrical emargencies," and we hope to be pardoned if recourse is had to that method of defining a word or sentence by illustration, or citing a case, for by this practical demonstration is the real and true meaning more clearly arrived at and more definitely and firmly fixed in the mind of the worker. It has been said that the "unexpected happens," which is a trite and peculiar statement, but the careful investigator knows that nothing ever occurs without a cause, though it be buried in an unfathomable, confusing and conflicting tangle of pathological phenomena.

Case I.—Mrs. K., aged thirty-two, mother of three living children, one dead, a short stocky woman, had been informed by her brother, Dr. B., that if she came down in another labor she would die. On just what he based

his prognosis we do not know. Three years ago she was known to be pregnant, he was solicited to attend her but refused, and at the time of her labor the writer was called. The only unusual condition found was an infant rather oversize, and an extremely protuberant and pendulous abdomen. Labor appeared to advance regularly for awhile, the os dilating to full size in the course of a few hours, but the head failed to engage in the superior strait. All other methods failing, she was placed in the Walcher position and so retained for an hour, during which time a number of hard pains were experienced. This measure also failing, her feet had been placed on the bed beside her hips, the covering shoved up to her knees. We had paused to consider what could farther be done, when at once, suddenly, there was a gush of blood struck us about the diaphragm (we were sitting in front of the patient) like a deluge, changing a white duck coat to crimson in an instant. We remarked to the husband that something had to be done, and quickly following the words by action, my right hand was quickly passed through the vagina into the uterus. The first object it came in contact with was the uterine surface of the detached placenta. Pushing it aside we found a foot, and proceeded to turn and deliver the infant, which was immediately followed by the placenta and more blood. Grasping the uterus with our left hand, through the abdominal wall, we instructed the husband to take our place, telling him what to expect and what to do, while we tried to resuscitate the infant, which effort proved a failure. This patient now lives on a farm and does a great deal of out-door work. A few days since she did a large washing in the forenoon and gave birth to a babe in the afternoon, fifteen minutes before the arrival of the doctor.

Case II.—In the early part of last June, at three o'clock in the afternoon, we had a telephone message from the southern part of our village. Arriving at the place, a little box house, up the side of the mountain, not quite a mile from our office, on a hot June day, we found a woman lying on a dilapidated bed, under which was a metallic washtub partly filled with blood, pale and almost pulseless at the wrist, gasping for breath and restless. History revealed the fact that she had had a hemorrhage at the seventh and eighth months, and had been wasting since day light. Had there been any honorable way out of this case, it would have been taken at once, having never lost a woman in childbirth, and this looked like death to me. After taking the husband aside and in the presence of a witness making him comprehend the situation was a grave one, and he might be prepared for the worst, we stripped for action. We found the vagina firmly packed with coagula. When they were removed the os was found fully dilated and placenta centralis existing. I quickly passed my right hand through the vagina and on through the left segment of the os, going well above the edge of the placenta; the hand was caused to burst through the sac and fortunately fell at once on a heel of the infant. Podalic version was performed and delivery of all within ten minutes from the start. Close attention to the woman for an hour brought her over the crisis, but the infant was moribund, as is usual.

Adherent placenta comes within the scope of obstetrical emergencies. It cannot be diagnosed till after the delivery of the infant, and must not be confounded with simple retained placenta. We have met four such cases during our term of practice, and consider them the most difficult of any to manage. The proper time to attend to them is immediately after the delivery of the fetus, while the os is patulous, and the fingers are the best curette

to use, although in one case we had to use a metal curette, in a second operation, fifteen days after the delivery of the child.

Hydrocephalus demands craniotomy usually, and is not difficult to perform if one has the proper instruments; three such cases have come to us in the last few years.

Rupture of the fundus of the uterus, the gravest of all emergencies, we have not met with, and hope we may not.

RETAINED MEMBRANES.

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Should they be removed immediately the labor has terminated the expulsion of the fetus or embryo?

Text-books and most authorities are agreed upon the immediate removal of all remaining secundines. Fortunately, portions of placenta are very rarely retained.

The experience of very many accoucheurs who are close observers of nature's work teaches them to demur, and await the expulsion of retained membranes by the unaided efforts of the uterus. There is a theory that all retained membranes within the uterus will cause septicemia or blood-poison. This is a veritable bogie.

Statistics from hospitals and maternity (private) institutions show retention of some portions of chorion in from .3 to .25 per cent. of cases, and if left to the efforts of nature serious results do not occur in more than one in ten thousand cases, and these perhaps when the therapeutic remedies were inadequate, inefficient. Crédé believes that "the retention of chorion is not at all dangerous." Olshausen declares that "the retention of chorion never justifies interference to extract," etc. Schroeder asserts that "retained chorion and amnion practically do not cause hemorrhage, even retained *in toto*," and Reichlin saw no occurrence of hemorrhage as a result of retained chorion." Edgar, "Text-Book of Obstetrics, states: "The mere retention of membranes is no indication for the invasion of the uterus, in the absence of symptoms of infection." And again he states: "When uncertainty exists regarding the retention of small pieces of membrane, one can safely adopt an expectant plan of treatment, as this is safer than intrauterine manipulations."

The proposed routine uterine examination at this time, to determine the condition of the parts and search for possible retention of the secundines, cannot be too vigorously condemned. Nothing is to be gained by this exploration of the uterus, save in very exceptional cases, and as its routine practice involves a distinct element of risk, its adoption cannot be recommended.

Some authors recommend that "the placenta and membranes should be carefully examined," but fail to instruct whether retained membranes should be removed or not. The invasion of the uterus with the hand, or with pla-

cental forceps, in search of possible missing pieces of membrane, is attended frequently with little or no success; but the manipulation of the delicately organized structure of the endometrium does cause traumatism, and traumatic fever develops, which, if not properly treated, may result seriously. And "there's the rub." That fever is the bogie which the less informed declare to be "blood poison."

When retained membranes are left to nature's efforts, patients recover as promptly as when treated by efforts to extract the retained portion, whether with success or failure. Do not interfere in these cases until there is evidence that the contents of the uterus are free and undergoing decay, when the mass may be removed readily with placental forceps, without any danger. Do not curette the womb, for that effects a traumatism and fever, and no good results.

Septicemia, sapremia, or blood poison, is the bogie which doctors fear, and in their fear rush off blindly and do desperate things in their frenzy. The practitioner with a knowledge of nature's workings, and the efficiency of specific medicines to control fever, will not be afraid in the dark, for he will have a light which will be an infallible guide to success. Those whose education in the field of vegetable remedies for the control of fever has been inadequate will see the apparition, the bogie, and perhaps be confronted with a monster that "will not down," and the disaster must be credited to "blood poison."

Among the aborigines and citizens of frontier life, nature requires little or no assistance at the parturient period; but with modern civilization conditions are not favorable, and hence the doctor is called, but "meddlesome midwifery" has caused serious consequences, which are credited to "blood poison."

The uterus should not be irrigated, washed out, with antiseptic solutions, not even with plain water; not even with a normal salt solution—trust to nature. One function of the uterus is to expel substances which are inert from its cavity, and nature works wonderfully well. Douche the vagina and bathe the vulva and perineum with a normal salt solution, preferably hot or warm, to which add sodii boras sufficient to make a 10 per cent. solution; this for cleanliness. Bathe the genitalia two or more times in each twenty-four hours with this solution. Permit the uterus to empty itself, ordinarily; watch for fever, and combat it with specific medicines and success will follow.

THE THERAPEUTICS OF MUCOENTERITIS IN CHILDREN.

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Refraining from entering into a bacteriological discussion of the cause of this disease, suffice it to say a few simple words upon this line, however remote it may be from my subject.

We recognize the fact to-day that diet and therapeutics in this malady coalesce and are almost one and the same. This is usually accepted as a

disease incident to the teething period. By some it is considered a disease of the heated term. If so, why do we frequently have this disease appearing at a time neither coincident with teething, nor in the hot season of the year? Hence it is fair to infer that it is a disease especially belonging to neither of these causes, but to an error in the child's digestion. This error is usually the result of fermentative degeneration in the food given it; the careless methods used in caring for the feeding vessels, the food to be administered, in a bottle baby; and many times to an overheated condition of the mother, when baby is allowed to nurse, in breast babies.

I believe that it has been satisfactorily proven that at any time of the year, at any stage of babies' lives, were the above mentioned precautions followed out on scientific lines of cleanliness, with the same painstaking preparation of the food, this disease might be wholly eradicated. Then the inference is, that it is in this way we have of instructing the mother how to feed the baby even before the heated season arrives and at all seasons, is good. Tell her that this is a disease directly the result of carelessness on her part, and of dirty dirt. It may be created in the system by over-feeding, or may be bad feeding, or may be introduced from without.

Then the feeding is paramount when thinking of the therapeutics of this malady. When we have arrived at that stage of knowledge of this trouble, to be able to prescribe a food in a given case as accurately as we prescribe remedies in its condition, then we will meet with a greater degree of success in its management. In the absence of such accurate knowledge, then the best we can do is to approach as nearly to that one universal food as is possible; to be consistent, one that agrees with all cases and can be taken and relished by all. You may be expecting me to say that one food is Eagle brand condensed milk. Let me rather say, *water*. It matters not so much what food we give, as how little of it, and how much water, or how highly diluted. The breast milk is recognized as the best of all foods for babies in all conditions, but in so many of these cases we show our ignorance in not telling the mother how necessary it is that the baby be allowed only probably a fourth of the natural quantity, and that, at long intervals, with much water, tea, or barley water, or cooked cornstarch gruel, to satisfy the baby. For that satisfaction, however, he must not be fed what is generally by the laity called food.

The value in any of the baby foods in sickness is the elasticity of the food, as to being able to dilute as we desire. They are all polite methods of starving the baby, which, for the period of its sickness, is the best treatment. Dilute them highly, dilute freely, dilute all the time in the feeding of sick babies. Use water, use it all the time. Bathe it often with hot water, if not contraindicated; bathe the head in hot water, if restless from fever; bathe freely, locally and internally, at both ends, and our results will be better.

The next in importance of local remedies we might mention quinine, when indicated, and more especially in the Southern parts. Inunction, or in bath, one hour apart for three hours, if we can ascertain that there is a time of the day when stools are oftener, or baby is more restless and there

is absence of the dryness of the skin. Use it before this expected time. Almost universally these cases call for colocynth. The baby will show decided redness of the face before defecation; may be some crying or indication of tenesmus. Three drops, in the half-glass of water, of the specific medicine, teaspoonful every hour, to a two to six months old baby. We find in some cases that the bearing down is after or during the stool, which is a call for mag. sulph., grs. 10 to 20, in half-glass of water, teaspoonful every hour until there is a response from the upper bowel, when the indication will subside. Dioscorea we think of when there is constant pain between stools, with possibly tympanites. Five drops in the half-glass of water, teaspoonful every hour. Nux, two or three drops to the half-glass, when there is a pale, colorless papilla of the tongue with lack of relish for food. Aconite is another remedy we could not dispense with in this line, when indicated by the small frequent pulse, fever, dry skin; the specific medicine, drops two or three, to the half-glass of water, teaspoonful given every hour. Belladonna must also be given in the small dose. This remedy is too often given, as is aconite, too freely and in too large doses. Three drops of specific medicine in half-glass of water, teaspoonful every two hours. Amygdalis has done me good service where there is some irritation of the stomach, vomiting, with a long, red, pointed tongue. It not only has the desired effect upon the stomach, but is grateful and reduces the frequency of the stool. I use it instead of mercury and chalk, for it has the same indications for its use, and is less irritating and more kindly in its action as well as always safe.

There are many remedies that may be used in this condition, but my failing in the handling of this variety of cases is to use the tried and reliable, and try no experiments. When I begin to try a variety of remedies, then look out for the "pale reaper."

Sinapis is one, however, that I cannot pass by. I use it in the same condition that I use belladonna. When there is drowsiness, tendency of the head to go back; spasms internal, as the laity call them, with nervousness. Make a paste and apply to the back of the neck, and many cases will be saved from what would be the final convulsion.

MACROTYS RACEMOSA.

T. S. Hodge, M.D., Torrington, Conn.

This plant is also known as cimicifuga, rattleroot, black snakeroot and squaw root. It is a tall, leafy, perennial herb, having a large knotty root with long slender fibers and a simple, smooth, furrowed stem from three to nine feet high.

Habitat.—Common everywhere from Canada to Georgia, growing in rich open woodlands and upon hillsides, but avoiding very wet or rocky places. When in bloom its long and graceful racemes form a conspicuous feature of the localities where it grows.

Parts Used.—The rhizome and rootlets.

This is an exceedingly powerful and useful remedy. Its influence over the nervous system is marked, it having been successfully used in epilepsy, nervous excitability, asthma and many spasmodic affections; in acute muscular rheumatism; in muscular pains, and uterine pain with tenderness. Scudder recommends it as an anti-rheumatic when the pulse is open, the pain paroxysmal, and the skin not dry nor constricted.

As a remedy for amenorrhea its action is marked, and I have often administered it in combination with pulsatilla with satisfactory results.

As a partus preparator, administered three or four times a day for two or three weeks prior to confinement, it assists very much during delivery. As a partus accelerator its action is very marked.

As a remedy for dysmenorrhea, in combination with pulsatilla, and administered three or four times a day for one week before the expected period, its action is very satisfactory.

Webster recommends it in "mental depression associated with uterine disease; mental depression accompanied with rheumatic pain; mental depression and tremulousness following overwork and active dissipation; delirium tremens and bad effects of opium." Dull, aching pain, with tendency to metastasis aggravated by eating and drinking, a sensation as of a hard lump in the stomach with the walls contracting, in persons with a tendency to muscular rheumatism, as indicated by a history of former attacks, would call for this remedy.

In pleurodynia, this remedy, in combination with bryonia, is successfully used. Muscular pain may be one of the first symptoms of cardiac disease, especially cardiac rheumatism, and macrotys is one of the most positive remedies we have in this condition.

Ovarian pain or irritation also calls for this remedy. In pain in the mammary glands, ovaries or uterus, macrotys should be one of the first remedies thought of, and in nearly all cases of this character proves an important means of cure.

ACUTE SIMPLE MENINGITIS.

J. M. Mulholland, M.D., Pittston, Pa.

Acute meningitis is distinguished from the tubercular disease by its sudden invasion without primary stage, by the acuteness and intensity of the symptoms, the severity of headaches, the great elevation of the temperature and by its brief duration, which rarely exceeds one week. In those exceptional cases of tubercular meningitis in which the primary period is absent or not observed, and the course is unusually rapid, it would perhaps be impossible to distinguish between the two diseases. A previous history of the family or the discovery of the granulations in the choroid by ophthalmoscopic examination might save us from error.

The great rarity of idiopathic simple meningitis should be remembered. The symptoms of acute simple meningitis vary much in the course of the disease. This you will readily understand by the complex character of the

functions of the parts involved in the inflammation. It may be assured that the cortical layers of the brain are implicated in every case. The substance of the brain, cerebellum and medulla are subjected to pressure from the afflux of blood, from the effusion of lymph and pus, and from the accumulation of serum in the ventricles. The cranial nerves are exposed to pressure from the deposit of lymph, which may give rise to irritation or to suspension of functions or both. Parts at a distance from the seat of lesion may be functionally disordered by reflex action through communicating filaments. Finally, the general system suffers from the effects of the high fever upon the blood and the nutrition. A stage of excitement, followed by one of depression, is characteristic of acute simple meningitis, although active symptoms generally prevail in the early period to be succeeded later by coma and paralysis. This disposition is by no means uniform. Sometimes an unnatural deep sleep, from which the patient can only be aroused with difficulty, and paralysis constitutes almost the only symptoms throughout the disease. This is usually noticed in infants. Active delirium and convulsions may persist until death. Frequently the two conditions alternate several times with each other.

Prognosis.—Acute meningitis is fatal in the majority of cases, though recovery is possible. A gradual lessening of the severity of the symptoms, especially in respect to temperature, pulse, pain in the head and other cerebral phenomena, would lead us to expect a cure, but one must not trust too much to the good symptoms, as they are misleading.

Treatment.—Is three-fold: First, to prevent inflammation; second, to modify its violence and shorten its duration when arrest is no longer possible; and third, to place the patient in the best condition to withstand the violence of the disease and to recover from its effects. A patient should be placed in a cool and well-ventilated room of good size, from which a bright light is excluded. The head, slightly raised, should be kept cool by the use of pounded ice enclosed in a rubber bag. One or more leeches, according to the age, should be applied behind the ears, or cupping should be employed. The bleeding should be encouraged by poultices, if necessary, but with young children bleeding should be done with caution. An active purge should be given, three to six grains each, of calomel and jalap, followed by castor oil or infusion of senna. The medicine should be repeated in a few hours if there be no effect. Blisters are recommended as a valuable aid in the first stage of the disease. They say there is no medicine which can be relied upon to arrest the inflammatory process. Nevertheless, the tincture of aconite root, in doses of from one to three drops, can be given every two hours early in the disease as a sedative. The bromide of potassium, combined with chloral hydrate or sulphate of morphia, will also calm the excitement and pain, and diminish convulsions. Bartholow recommends the wet sheet, two or three times a day, if the temperature is high. Steffen advises four grains of quinine sulphate with one grain of salicylate of soda from two to four times a day.

The alimentation of the patient should be carefully attended to. Nour-

ishing liquid food, such as milk, gruel, broth, eggs, with stimulants if indicated, should be given at proper intervals. When the patient can no longer swallow the food must be given by the rectum. During the stage of compression it is useless to expect any benefit from the further administration of drugs, and the treatment then consists mainly in giving small quantities of food at regular intervals, and in such external applications as the bodily temperature may require. The bladder must be relieved by the catheter when necessary. Simple enemata are generally sufficient to prevent constipation. So much for orthodox and routine treatment.

In every case I have treated the eyes of the little patient were contracted, face bright, tongue elongated, pointed, tips and edges red, convulsions tonic, indications for gelsemium, and when I gave it I got results that should be expected. These cases are often found to have a history of infection, and, on account of the flaccid conditions and loss of reflexes, may be taken for anterior poliomyelitis.

INFANT FEEDING AND INFANT MORTALITY.

J. R. Borland, M.D., Franklin, Pa.

The children of a people are among its most valuable assets, as upon the preservation of their lives and healthy growth depends the life, growth and stability of the nation. The proper feeding of the infant is therefore a matter of the most vital importance. It is gratifying to note that more attention is being given to this matter, by State and municipal governments and in the home, in improved sanitary and hygienic conditions, than formerly, and that communities are being aroused to a sense of its vast importance. The great mortality of infants during the first and second years of life should admonish us that more strenuous measures than are now in vogue should be adopted to remove the conditions that conduce to such mortality.

Dr. J. J. Edwards, health officer of Pittsburg, in a recent address says: "Investigations into the causes of infant mortality have shown that there are five distinct diseases responsible for the death of babies during the first few months of life. These are prematurity, diarrhea, infections and convulsions. Last year (1909) in Pittsburg there were 1,819 deaths of babies under one year. Prematurity and diarrhea claimed the larger portion. Last year there were 14,000 infants born in Pittsburg, and of this number about 135 out of every 1,000 died before they attained the age of one year. A fair average was one death for every eight babies born. However, it was shown that the death rate in other cities was much higher, a total of 331 infants dying in Chicago to every 1,000 born! Infections, alcoholism, underfeeding, overwork, the activities and pleasures of society, unsanitary conditions of living, poverty with its privations, may all have their influence on the unborn." Thus we see that prenatal conditions have an important bearing on infantile life. The babe is handicapped at birth.

Speaking on the same occasion to the women of the Milk and Ice Association, Dr. Raub said: " It is a noble work, and a duty sublime and useful,

The thought of having a hand in the saving of so many little lives is the greatest compensation any woman could ask."

The Child's Food.—The best food, that which nature provides, is the mother's milk, if she be healthy. If artificial feeding must be resorted to, some one of the prepared foods, as Mellin's, Horlick's or Eskay's, the choice being made after trial, which sometimes requires considerable experimenting before the proper food is found. A great deal depends upon the skill and judgment exercised in preparing the foods. On that point I take the liberty of quoting an article by Mrs. Beth L. Cook. She says:

"The general interest in the feeding of infants inclines me to offer a little personal experience on the subject. The mother of three bottle babies, with two of whom we had constant trouble in using modified milk and the various prepared foods mixed with milk. This was thirty or more years ago. Four years ago a little daughter came into the family. Within a few weeks we found ourselves, notwithstanding various forms of modified milk and well-recommended foods, unable to solve the problem of the proper nourishment of the baby. One attack would follow another of what the doctor called ptomaine poisoning. This was accompanied with bowel disturbance, high fever and exhaustion, and generally after several days would yield to small doses of calomel, frequent baths and abstinence from food. By the time the baby was well again, we seemed to be fairly on the way to another attack. So things went till, in the midst of a very severe attack, when the child was about six months old, I one morning told the doctor I was ready for some other method than the milk. I had no special thing to suggest, but asked if oat meal gruel, with the hull entirely eliminated, would hurt the child; to which question he replied, "No, absolutely no." I went to the kitchen and found some Quaker rolled oats. I put half a pint into three pints of cold water in a clean porcelain kettle, and a slight pinch of salt when it came to a boil. I allowed it to boil fifteen or twenty minutes (a longer time as the child grew older). When it had boiled this length of time I poured it off through a milk strainer, leaving the oat meal in the original vessel to be finished for the family breakfast. I found when I had strained this I had a substance when hot like a thin cooked starch and when cold the consistency of a thickened gravy or clabber. This I measured into six or eight bottles that we had used for the baby's milk, and put in the refrigerator. One bottle I immediately cooled and added one teaspoonful of condensed milk for sweetening and took it to the baby. She relished it and retained it on her stomach, went to sleep and made a rapid recovery. The continuance of this food relieved us from further annoyance or anxiety. A slight pinch of soda can be added when preparing the food, if there is a tendency to flatulency. A neighbor last summer had a little son in a similar condition, two of our best doctors in attendance and the little lad of three or four months weighing less than when he was born. I went over one evening, and they were discussing methods of procedure, and I said, "Let me make the baby some food." The father said, "All right." In less than an hour the child with apparent relish took the food and retained it, and surprised them all by sleeping the greater part of the night. It is needless to say the food was continued, and the child gained from three-fourths to a pound right along through the hot weather, during that period cutting several teeth. This makes an inexpensive food that any mother can make, and is not so difficult to keep in good condition as milk."

Education of the Mother.—Dr. Edwards says:

"The problem of infant mortality is, in the first instance, a question of motherhood, and to solve it we must begin with the mother. We must obtain a higher standard of physical motherhood. This, in the first case, involves the problem of physical development, and, in the second place, the adoption of measures which have an immediate influence on motherhood. The most important measure is the education of the mother in the problems of motherhood. Ignorance of infant management and proper methods of feeding, especially, are responsible for a very large proportion of infant deaths."

Educate the Girls.—He further says:

"All girls, before they graduate from grammar or high schools, should have a knowledge of domestic hygiene, which should include the care of the home, a knowledge of infectious diseases and of infant management. A training in practical hygiene would give mental discipline, and would be eminently utilitarian as well, and of greater sociological value than purely abstract knowledge, for in the final instance the one essential quality that society demands of a woman is *that she be a good mother.*"

Before leaving this subject I think it is proper that something in regard to the house fly should be said. That they convey diseases is an established fact. They have a penchant for alighting on the eyes, nose and lips of the sleeping babe. The doors and windows of the home should be screened, and the babe, when asleep, protected by some light fabric thrown over it. *Keep the flies out of the house and away from the sleeping babe.*

I make no apologies for the quotations inserted in this article, as they seemed appropriate and adapted to the proper elucidation of the subject.

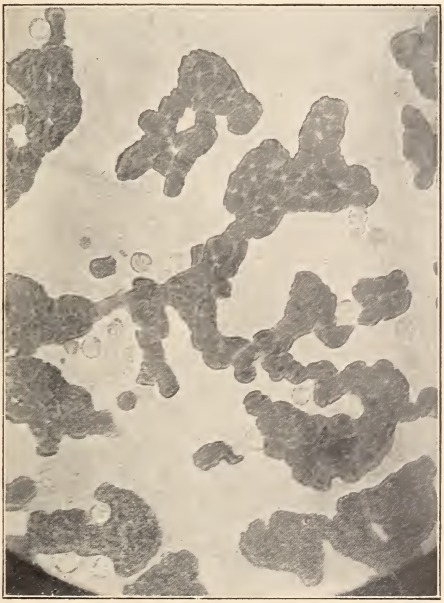
THE IMPORTANCE OF BLOOD EXAMINATION IN CERTAIN DISEASES OF CHILDREN.

Robert L. Watkins, M.D., New York.

In examining the blood of children, little as it has been done, as well as that of individuals, it has been the custom only to count the number of cells and estimate the percentage of hemoglobin together with the kind of leucocytes present. And even this has not been a routine practice. Sometimes the malarial germ or typhoid reaction is searched for in suspected cases. Aside from these points there has been no demand for work by the hematologist.

The title of this paper as well as its suggestion to me was by the chairman of the Section on Diseases of Children. It is therefore my intention to speak from the standpoint of a fresh blood examination—and this always requires the presence of the patient.

I shall therefore call your attention to two important diseases in children which it should be the duty of every physician to determine whenever for the first time a child is brought to him for examination or treatment. These two diseases are tuberculosis and syphilis. It is no longer a question of doubt as to the determination of these diseases in the blood. I do not claim that there are no "doubting Thomases," but my experience of many years



Tuberculous matter in blood of child born in Sloan Maternity Hospital. Taken before nursing.

has taught me that when tuberculosis is found in the blood of a child, the least that it indicates is a predisposition to the disease by that child. And, at so young an age is this diagnosis determinable, that it is an easy matter to remove it. In these days it is the predetermination of tuberculosis for which we must look, and, when found, the application of sanitary measures will easily stamp it out.

I have seen tuberculosis produced in infants by artificial feeding in ten days—cases where a blood examination had previously proved its absence. In cases like these the value of a fresh blood examination made at the time of birth serves as an invaluable record. For the disease can be treated and entirely eliminated from the system, even though it was introduced therein. In other cases where the disease has been inherited I have seen the child, by proper early training, outgrow it without any return of even a tendency to the disease in later years. It should be the custom when an infant is born to have the hematologist examine and photograph the blood. The family physician, and the parents too if desired, would then have a record of the presence or absence of tuberculosis in their offspring at birth. Any subsequent development of it would then be known to be acquired. Such a system, in my opinion, would go much further toward the extermination of tuberculosis than that at present in vogue.

Some years ago I had the privilege, through the courtesy of Dr. Tucker, of examining many new-born infants of tuberculous mothers before they were put to the breast, at the Sloane Maternity Hospital, and I found that over 90 per cent. of these infants inherited the disease, 10 per cent. remaining free from the same. Therefore, again I say, that a photo-micrograph to determine tuberculosis in the new-born infant is invaluable and such a procedure should be done at least once a year.

Through the efforts of our German neighbors, that syphilis can be determined in the blood, has now become a well-established fact and it is the custom to test the same for this disease. Spirochæta pallida of Hoff and Schauder it is clamed is not found in all stages of the disease, neither is the Wassermann reaction reliable, nor Noguchi's modification accepted as a reliable test.

There is a germ, however, the crypta syphilitica, discovered in 1868, which is found in all stages of this very prevalent disease. But, as I always have and always do insist and teach that in order to see this micro-organism, the blood must be fresh. No stains are of any use, as in the spirochæta pallida, but the specimen must be examined at once and the organism seen by the "microscopic eye" of the hematologist. When this is done, syphilis is determined in a very simple and easy way and in a few minutes in all its stages. And this, too, whether the disease is in a new-born infant or in the old man who acquired it forty years previously and was never cured.

Without going into details of individual cases in infants, suffice it to say that many a time I have seen uncertain eruptions in children, with or without the "old man's" features, in which the blood revealed the syphilis germ and proper treatment confirmed the same.

In closing this short paper, let me emphasize the necessity of a fresh blood examination for both syphilis and tuberculosis.

ACTIONS AND USES OF LOBELIA AND TREATMENT OF DIPHTHERIA.

J. E. Jentzsch, M.D., Chicago, Ill.

This subject was assigned to me with the intention, no doubt, that I should prepare two separate papers. However, I have taken the liberty to condense all into one. The actions and uses of lobelia, aside from its hypodermic uses, are so well known that I deem it expedient to confine my discussions to the actions and uses of the medicine when given subcutaneously, and I wish to emphasize that I am now speaking of Lloyd's non-alcoholic hypodermic lobelia. I feel competent to pass judgment upon the preparation from a medical standpoint, for the reason that I have a fair working knowledge, gained from experience with it, having used it in the neighborhood of thirty-six ounces, all hypodermically, and given with my own hands.

From the observations on real patients (not on dogs or other animals), I conclude that it possesses the same curative qualities as the specific medicine lobelia, and it seems in a more pronounced way. The objections to it on account of the local irritation, caused by other preparations, are almost entirely removed. What little is left amounts to nothing, and can best be avoided by deep injections, preferably into the gluteal region. The ordinary short hypodermic needle is not just the thing for it, the needle should be from one and one-half to two inches long.

I honestly believe that hypodermic lobelia will prove the greatest blessing humanity ever received in the way of a medicinal agent, thanks to the untiring efforts of J. U. Lloyd. It is a difficult matter to describe its medicinal actions according to the ruling custom, so as to classify it as a stimulant, or a sedative, etc., because I am unable to find a technical term or word in books which would denote its real action. Besides from that standpoint, it would appear that the drug has dual and contradictory actions, which is not the case. Its action is uniform in various and many diseases, but always under the same conditions. To conceive of the uniformity of its action we must bear in mind that the various diseases classified customarily are in reality produced by a common cause and develop identical pathology, differing only in symptomatology, according to the location and virulence of the causative factor. In the main, however, the cause is something which irritates, and the phenomena following therefrom are essentially the same, uniform and identical in character. There must first be an irritant, a foreign body, incompatible with the human living organism; whatever the irritant may be—bacteria, faunal, or sudden change of atmosphere, a splinter, etc.—the results produced are the same. That of irritation, congestion, engorgement, inflammation with resolution at any time, or at such time when the irritant is effectually disposed of. Or followed by destructive processes

locally or generally such as are known and may be unknown, take place. Happily this process most always terminates in recovery of the patient (which is known as resolution) before the most serious consequences of inflammation prevail, even without any medicinal treatment, which is due to the natural resisting and repairing power of the organism.

The uniform and unvarying action of lobelia is that of a circulatory calmative and vital restorative. It equalizes the circulation and innervation, and preserves or restores the patient's vitality by preventing the loss, or by restoring the governing functions of the vital centers of circulation, innervation and respiration. The question, which is the primary action, or what is the exact *modus operandi,* is of no great importance for the clinician. It can, however, be perceived that these actions take place promptly and apparently simultaneously. It tends to produce conditions favoring a normal state when there is a disturbance within the system. These primary actions are followed by other remote actions, which are always tonic and supportive in character. The drug may therefore be considered to have any of the classified actions in any diseased condition indicating the medicine for its primary action, with the excepton that it is never a depressant and that it cannot be classed as an emetic; at least I have never seen it to be such, although I have given 5 c.c. twice a day to an eight-year-old girl for several days.

One can see that the indications are present in many variously named diseases, particularly acute diseases, where the irritating substance pervades the system more or less, and which is readily manifested by toxemia. Diphtheria is one of those conditions, and I am absolutely certain that lobelia is not only a specific, but an extraordinary specific for this condition. My observations in this respect have now been confirmed by many other observers, notably by Drs. Taylor and Waddington, and many other progressive physicians, and God bless them for being possessed with a desire to do better than the serum doctor. As far as I am concerned, this matter has passed the experimental stage, for the reason that I have devoted several years in a large experience, with an unbiased observation, to this subject, before reporting it to the profession, and that in an additional period of two years I have no failure to record in this respect, and nothing has occurred in my experience with many more cases which would lead me to modify my original statement on this important question.

My friends, believe me, there never was a moment when the responsibility and importance of this matter did not weigh heavily upon my mind. But now I feel relieved and easy in comparison to what I did at the time of my early experimentation and observation in this direction, because I am now more than ever convinced that on this point I am right, as right as human sense and intention can be. Just for the sake of proving to you that in the experimentation of a new treatment a bedside practitioner must really have the desire and confidence of improving upon the matter, ere he would deign to occupy the perilous position of an experimenter, let me tell you that it is not easy to first (under cover, to be sure) abandon an

established, approved and popular treatment, facing the chances of not improving upon it, which is failure, even though you may have fewer fatalities. The improvement must be marked and very impressive. Under any other circumstances the consequences of every fatality are remorse and fear of exposure, possible prosecutions, the ridicule and irony of the profession, in addition to the indignation of the public and those near concerned.

Craving pardon for this little digression, I wish to state that the treatment has not been changed in any particular from the original, excepting that the H. L. is employed in place of the sp. medicine lobelia. As can be understood, the indications for lobelia will be found in many diseases (which are, after all, arbitrarily classified) on account of its primary actions, if we remember that all depressing medicines and methods must be avoided (in the treatment of any disease) which tend to dispel the symptoms of the disease at the expense of the patient's strength or vitality.

In treating the symptoms we must remember the pathology, and bear in mind that the body is a highly organized system, composed of myriads of living histological bodies, single and arranged in groups, performing various functions, and that all these elements possess the properties of irritation and self-preservation; that whenever a disturbing factor, a foreign body, enters this system, a more or less general commotion occurs, which, if observable, is manifested by symptoms indicative of the location and the severity or virulence of the irritant and oftentimes also the character of the irritant. The commotion is due to the irritation, which leads to a change in the body fluids, local or general, and constitutes what is known as phagocytosis.

Whether or not the phagocytes are alone responsible for the neutralizing or destruction of the irritant, is problematical, and is of less importance than that of aiding nature to bring it about. Certain it is, that the greater the commotion the more widespread is the irritation and the greater danger there is of involving the vital centers, with the consequent loss of controlling powers of these centers, which is manifested by toxemia, shock, unconsciousness, etc., accompanied by interferences of other functions dependent upon these vital functions. This is the real pathology of any disease, and particularly that of diphtheria.

In my estimation, the treatment for the local condition in diphtheria is of far less importance than that directed against the pathology of the general system, because under proper treatment the former is of little inconvenience to the patient, and does (quoting Dr. Taylor, of Columbus, O.) melt away like snow in the sunshine. Evidently the most rational treatment is to lessen and overcome the systemic irritation, which is best done, first of all, by causing tranquility where there is commotion, combating confusion by restoring equilibrium, followed by aiding speedy and effectual elimination with means or medicines which do not magnify the original irritation, and to cause relaxation of elastic tissues which are spasmodically contracted, obstructing free circulation. Our aim must be to equalize circulation and innervation primarily, to restore equilibrium, in short, aid the or-

ganization to subdue and expel the disturber, restoring order within the system, in which state the body is best able to help itself. Lobelia is the only medicine which can most safely and effectually be employed for this purpose, because it is reliable and practically non-poisonous, and Lloyd's H. L. is now so perfected that no reasonable objections remain. In this connection I wish to state that no abscess has occurred in my experience with it.

Summing up, the treatment which I consider the only proper and successful one for diphtheria consists in a liberal exhibition of H. L., never less than doses 3i and 3iss in bad cases, repeated as seems necessary. I find this general rule applicable. Once in twenty-four hours for moderate cases, and twice in the very malignant type. However, sometimes a single dose will abort an apparently severe case. In the mild type very often one dose, and, as a rule, two to four doses, are sufficient for the entire treatment. But whatever kind of a case it may be, I have found the result to be always uniformly successful. Every dose is followed almost instantly by a desirable reaction, and the best indication for repeating is when improvement ceases. Never delay to give the sweat bath in threatened dyspnea or other urgent symptoms. It enables you to do without intubation and tracheotomy. It consists in wrapping the patient in a wet blanket, hot or cool according to whether the surface is cold and clammy or hot and feverish, surrounded with heated bricks or hot water bottles; then cover up the patient well and let him perspire from ten minutes to half an hour, after which dry the patient and allow him to rest. A cup of hot tea, such as chamomile or saffron, or a sudorific, such as polygonum, pilocarpine, etc., may be given to aid the process. A prescription quite regularly employed by me in the later stage consists of the following: (Fever stage) ℞ Sp. aconite gtt. iii; sp. belladonna gtt. viii; sp. sarracenia, sp. phytolacca, aa. 3i; sp. asclepias 3ss; liq. ammon. acetatis (or aq. dest.) q. s. ad ℥iv. Sig. 3i every two to three hours. (Convalescing stage) ℞ Sp. cactus, sp. digitalis (or convallaria), sp. oxydendron (or apocynum), aa. 3i; sp. phytolacca 3ss; ol. myrrhæ comp. q. s ad ℥vi. Sig. 3i three or four times a day.

A gargle or spray of argyrol, 3i to water ℥vi, is very beneficial.

Of course, the use of any other medicine when indicated is not precluded. However, I have found this to be rarely the case in this disease. This is evidently a simple treatment, but it is as effectual as simple, and is actually reliable to save practically all your patients. It saves the patient's life, spares him a whole lot of pain and discomfort, and relieves the doctor's anxiety. There are many reasons why lobelia should displace the serum treatment, of which the most important are: That the serum, after a long trial, maintains a steady and high mortality rate; that it is distinctly a dangerous poison; that it is of little or no value in confirmed and advanced cases, as is claimed generally by its worshipers; that its imaginary, theoretical value is not supported by practical evidence, and therefore rests upon a wrong theory. This I can prove to you by citing the real pathology, as before described, according to which they treat the bacteria rather than

the pathology of the patient's organism. They inject more of the irritating poison (toxins) from which the patient already suffers, with the view of killing the germs, which, however, quite often kills the patient as well. The only reason I can think of that so many patients survive the negative stage (the shock resulting from the serum) is because the Lord protects them, and the organism has as yet sufficient vitality to overcome the natural as well as the artificial toxins; and this explains why it is not only of no value, but more dangerous, in advanced cases, where there is a greater loss of vitality. I could cite many more reasons in support of my contentions, which would, however, take up too much time. Let it suffice to know that the contrary of all these stated objections is true of lobelia.

Lobelia is always reliable, beneficial and curative under any condition, and will not, as the serum, produce physical weaklings after the treatment. Another feature of lobelia is its pronounced anodyne quality; it has enabled me to do without morphine or opium in any form almost entirely. You will understand that lobelia is indicated in many other diseases, which I must likewise refrain from discussing at this time.

Just let me tell you that in addition to other rational treatments lobelia and the sweat bath will abort and overcome many of the acute congestive diseases. This is, as I know now, the Thompsonian theory, but I give you my word that I had no knowledge of the Thompsonian theory until I read Lloyd's "Bulletin on the History of Lobelia." However, all honor to Thompson; he has certainly given to the world the greatest and most valuable medicinal agent. This coincidence proves that the truth (true science) never perishes.

For want of allotted time and space, just let me refer to the hygienic treatment by pointing out that cleanliness is godliness, which includes a pure, warm atmosphere, if it can possibly be had. The dietetic treatment is the same as in any other acute disease, with the exception of those of the alimentary tract.

PULSATILLA.

T. D. Hollingsworth, M.D., Akron, O.

In this paper I have given a few uses of pulsatilla that in my experience with the remedy have proven satisfactory. There is no claim made that the uses are new. The indications given for its use are nervousness, fear of impending danger and a tendency to look on the dark side. The remedy is more useful in chronic diseases.

There are acute cases, viz., ovaritis and orchitis, where the remedy is good. Here we find the nervous condition that calls for it. Again, in delayed menstruation the remedy is useful, when the nervous condition of the patient is responsible for the delay. I usually combine pulsatilla with some other remedy, not in all conditions, however, and have many times found the results to be more satisfactory than could be obtained with either remedy singly.

The specific medicine is the only preparation of pulsatilla with which I am at all familiar, and in this article, where the drug is mentioned or dosage given, it will be understood that the specific medicine was the preparation that was used.

In some cases of pregnancy we find the patient nervous, unable to sleep, fearful that something dreadful may happen, urine scanty, and there may be pain in the lower part of the abdomen. Pulsatilla, one drachm to four ounces of water, teaspoonful every two to four hours, is the remedy when pain is absent. When pain is present, black haw should be added to the prescription, so the patient will get from ten to thirty drops to each teaspoonful of the mixture, as the severity of the pain may indicate.

Pulsatilla and cactus are the remedies for the nervous, despondent patient, with a weak, irregular heart, in which every little exertion causes an attack of tachycardia, and sometimes even thinking of it brings on an attack. The dose should be: Pulsatilla dr. 2, cactus dr. 1, to water 4 ounces; teaspoonful doses of the mixture every two to four hours, according to the condition of the patient. The digestive and other wrongs that may be present should also receive attention.

In acute gonorrheal orchitis the indicated remedies are: Aconite, drops 5; pulsatilla, drachms 2; phytolacca, drachm 1; water, quantity sufficient ounces 4. Sig. Teaspoonful every hour. Libradol should be applied locally to relieve the pain. Continue the pulsatilla and phytolacca after the fever and swelling have subsided, giving the doses at longer intervals, until the patient recovers.

EUCALYPTUS GLOBULUS.

John Fearn, M.D., Oakland, Cal.

This is one of a numerous variety of trees native to Australia, but now growing abundantly in California, being introduced into this country, I understand, by the late Bishop William Taylor.

It is a beautiful tree, and lends beauty to the landscape. It makes an elegant windbreak in exposed situations. The tree is becoming more and more valuable for lumber purposes, and to-day large acreages are being planted with it, which are expected to yield good revenues in the near future, for it is a most rapid grower. It sends out its roots for long distances in search of moisture. Some years ago the sewers in a certain part of this city were stopped up, and when the street department dug down to the pipes it was found that some of these trees, though at a distance, had sent their roots under the street, and had forced their way into the pipes and so multiplied their rootlets till the lumen of the pipe was completely filled.

There is no doubt to my mind that it would be good practice to plant these trees in marshy ground wherever they will grow, as they drain the ground and thus make it more healthy.

Therapy.—The leaves are the part used in medicine, and the best prepa-

ration for general use is the specific medicine. There is a great amount of gummy substance in the leaves, for which alcohol is the best extractive.

From personal experience, I shall not hesitate to ascribe to these leaves stimulant, tonic, antimalarial and antiseptic properties. As an antimalarial remedy it will not fit as many cases as quinine. Quinine will succeed in the recent cases, while eucalyptus will succeed with the chronic cases. In many ways it is analogous in these cases to the action of arsenic. Where irritation does not run too high, it is a grand remedy in depraved conditions of the mucous membranes. It cleanses, stimulates and tones up these membranes, either of the respiratory, the gastro-intestinal or the renal tract. I have thought that in this way it acts very much like the terebinthinates or balsam of copaiba. From observation and reflection I came to the conclusion that its good work in chronic ague is brought about by the improvement it effects on these mucous surfaces, leading to better action and therefore more normal secretion and excretion. In these cases of chronic ague I would advise patience. In some cases the remedy must be persevered in for some time to get the best results.

I agree with Webster where he says: "I take it, therefore, that the antiperiodic effect is due more to its corrective quality than to any marked action on the nervous system." Fyfe, in his late work, gives specific indications thus, "coldness of the extremities, chronic catarrhal affections of the respiratory, gastro-intestinal or genito-urinary organs," to which I would add chronic periodicity and septic conditions. As a stimulant it has marked properties, so much so that it is not well to give it, except in the smallest doses, where there is marked irritation or inflammation. As an antiseptic its properties are marked, whether we give it internally or use it locally. It is a good sweetener.

From what has already been said it will be seen that this remedy has quite a large field of usefulness. As an internal remedy it can be used with advantage in any case where we have unhealthy, fetid secretion from mucous surfaces—fetid catarrh of the head and throat, fetid expectoration, pulmonary gangrene, fetid discharges from the bowels. The diarrhea that is helped in these cases is more the result of its antiseptic power than of its astringent properties. Fetid urine, mixed with pus and arising from disease in any portion of the renal tract, is helped. In fetid leucorrhea, with uterine relaxation and flabby vaginal walls, it is a good remedy. In the last case King advises its use as a douche, to which is added sea salt. This is a good common-sense prescription. It is a very useful remedy in gonorrheal discharges. It has some reputation in facial neuralgia. I have not used it in this case, but if the case evidenced periodicity, I think it would be good.

Local Uses.—In diphtheria it is very useful, used as a spray or applied with a swab. In serious diseases of the throat and air-passages, especially where the conditions are septic, it is of great advantage, added to equal parts of turpentine; then drop half a teaspoonful of the mixture on the surface of hot water; the aroma fills the room, and, in my judgment, not only helps the patient, but safeguards those who are in the room.

In using this remedy, the dose of the specific medicine will be anywhere from the fraction of a drop to twenty drops. Either glycerine or heavy syrup will be the best vehicle, though in this way it is too sweet for many. In a case in which I am now using it, I get along nicely with the following prescription: ℞ Sp. medicine eucalyptus glob. 3ii, glycerine 3ii, sp. nux vomica gtt. i, aqua destillata to ℥ii. M. et Sig. 3i four times a day. In ill-conditioned ulcers, tibial, syphilitic or cancerous, it makes a good wash or moist dressing, applied with compresses. Where there is much relaxation, I have been in the habit of prscribing a compound decoction of equal parts of these leaves and oak bark. If this decoction be properly applied, it makes a very efficient and useful dressing. It sweetens, stimulates and heals. Of course, where the leaves cannot be gathered for decoction the specific medicine may be used.

CHIONANTHUS.

Augustus P. Hauss, M.D., New Albany, Ind.

The preparation here considered is the specific medicine chionanthus, Lloyd's. It is a perfect preparation, keeping indefinitely, always uniform in strength and reliability when indicated. Dose, ten to twenty drops every two to four hours, in water. This remedy is frequently given in too small doses for the full physiological effect. Especially is the large dose indicated in diabetes mellitus. I have used this remedy the past fifteen years in sugar diabetes with gratifying results, combined with nux vomica when there is marked prostration.

Chionanthus has a specific or direct effect on the pancreas. In diabetes one of the most important organs involved is the pancreas. It has been proved from experimental as well as clinical research that in 50 per cent. of diabetic cases there are pancreatic lesions.

I will not in this short paper enter into the pathology and pathogenesis of diabetes mellitus, but will merely say that during life there is constantly being produced and stored in the liver of man and the lower animals an amyloid substance known as glycogen, and is known also as animal starch. The glycogen formation takes place whether animal or vegetable food is taken, but is much larger upon vegetable diet. All fats are converted into sugar in the liver.

All physiologists agree that this amyloid substance is derived mainly from starchy and saccharine principles of food, but partly also by a splitting up and rearrangement of the elements of nitrogenous food, which possibly takes place in the liver, resulting in urea and glycogen, the latter being stored in the liver cells. Therefore, from my own observation, from the physiological action of chionanthus, in all cases of diabetes mellitus we have a remedy that is of great value. The specific indications for chionanthus are well known to our readers—in all hepatic troubles, as jaundice, gall-stone, vertigo, torpid and inflammatory and congestive conditions of the liver. The more you prescribe Lloyd's chionanthus the better you will know its value.

THE REMAKING OF MEDICINE.

FREDERICK WALLACE ABBOTT, PH.D., M.D., LL.D., TAUNTON, MASS.

"The world has been remade within fifty years."—CHAS. W. ELIOT, LL.D.

From about, if not quite, every viewpoint, there is unquestionably much difference between the medicine of fifty, or, better, sixty years ago and the medicine of to-day—medicine in the sixth decade of the nineteenth century and medicine in the first decade of the twentieth century; and, it being quite evidently "meat in due season," this difference, though easily requiring a sizable volume for its due consideration, shall be merely indicated here.

Then, in this country, anyway, upon a fair English education, a recognized preceptor's non-sworn certificate of three years' study, friendly evidence of moral character, two four-month terms of lectures at a chartered school, and a perfunctory examination, the M.D. was generally obtainable by all free men. Now, with legal standards constantly advancing, the full equivalent of a high school training, non-biased evidence of four years' study and good morals, four eight-month courses, some clinic experience and many strict examinations are rulably demanded therefor.

Then very few, if, indeed, any, legal restrictions here existing, all free non-graduates might unrestrainedly practice the country over, a medical diploma usually evidencing only collegiate recognition of professional fitness; now, while neither medical teaching nor clinic experience, to say naught of any diplomas, is often prerequisite, every State carefully registers, under diverse enactments, all practicians.

Then, a solitary author merely touched one branch in a small volume, and a lone professor cursorily lectured on several branches, usually; now, numerous collaborators thoroughly discuss one branch in a large multi-volume system, and one professor and several associates carefully teach one branch, very often.

Then, sexual physiology was generally tabooed; now, practical sexology is widely taught.

Then, the "Old School," the Allopaths, and the "New School," the Botanics, the Homeopaths and the Eclectics, were quite notoriously bitter opponents; now, all the schools gradually becoming truly Eclectic, most physicians are but friendly competitors.

Then, women, first, and, moreover, but lately, matriculated by Eclectic and admitted by Eclectic societies, were barely tolerated by the profession and dubiously received by the people, as other than empiric midwives; now, many, if not most, colleges, especially the Homeopathic, the Eclectic and the Physio-Medical, gladly co-educate, with noteworthy, if politic fairness, and thousands of their successful alumnæ are in general practice.

Then, diagnosis was necessarily inferred, for the most part from subjective symptoms; now, through precise instruments that thoroughly explore every organ, it is easily based, in the main, on objective.

Then, blistering and bleeding, salivating and sweating, puking and purg-

ing, however hostile, were everywhere and everywise employed; now, mild medicaments, energizing electricity and palatable pharmacals, conservatively chosen, are unreservedly and understandingly used.

Then, instrumental surgery, especially plastic, caval and orthopedic, was decidedly limited; now, every part is operatively treated with marked success.

Then, the insane were quelled, chiefly by mechanical restraint; now, they are governed, commonly by moral suasion.

Then, specialists were few; now, they are many.

Then, medical, or, far better, medico-legal, experts were really respected; now, they are sadly suspected.

Then, artificial anesthesia, but recently discovered, was hardly known to most; now, ether and chloroform, for their well-known uses in surgery and midwifery, are fairly appreciated by many, and the marvelous compound of hyoscin, morphine and cactin, which, though just introduced, is widely administered wherever the former are indicated, will likely prove of even greater anesthetic value.

Then, microbic infection, or the germ theory, asepsis, the X-ray, osteopathy, vibration, antitoxins, suggestive therapeutics and opsonins, only a few of the various discoveries strongly influencing medical thought, were hardly dreamed of; now they are tentatively accepted, if not unreservedly endorsed, by most of the profession.

Then, food, drink, "Fletcherism," climate, air, breathing, sleep, habitation, bathing, exercise, occupation, clothing, rest, amusemnet, companionship, education, morals and religion, in their medical bearings, were lightly esteemed; now, all these, as the chief factors in preventive medicine (the real medicine of the near future, venturably) are largely exploited.

But enough, doubtless, for the intelligent. Medically, at least, the world has been remade withing fifty years, as well evidenced by the increasing health and longevity of many.

ECHINACEA IN CHANCROIDS.

John William Fyfe, M.D., Saugatuck, Conn.

A somewhat extensive experience in the treatment of venereal diseases has resulted from the nearness of my location to a large city containing many foreign-born men and women of the underworld. The larger part of these people are apparently ignorant of the far-reaching and destructive nature of venereal diseases, and give very little care to their treatment. So long as the outward evidence of them is removed they are content. It is, therefore, seldom that this class of patients can be induced to continue under treatment a sufficient length of time for the removal of the poison from their bodies, and as a result of this neglect they usually continue a source of infection, so much so that it is not often that a house of prostitution can be found in their vicinity which does not contain victims of some form of venereal disease, ready and willing to pass it along. If per-

sons acquiring diseases from these women were the only sufferers from them, there would perhaps be but little room for sympathy, but, on the contrary, even an innocent child may become contaminated by the kisses of a brother who has allowed himself to be drawn into the arms of the prostitute.

The danger resulting from venereal diseases is one of mighty import, and it will so continue until we reach that standard of manhood and womanhood which will enable us to see and understand the folly of quarantining scarlet fever, a disease which under modern treatment is seldom dangerous, and permitting the victim of syphilis to spread broadcast the germs of a disease which is ruining the lives of thousands of men and women. We should throw off the mock modesty which surrounds us, and insist that all infectious and contagious diseases shall alike be placed under control of the proper authorities, and that mankind shall be given equal protection from all of their baneful results. Here the equal responsibility of the sexes must be recognized, and the man or woman who exposes another to the possibility of acquiring any form of venereal disease should be punished in accordance with the enormity of the crime. With a law of this character much good could be accomplished, and the silly prattle about the examining and licensing of prostitutes consigned to the realm of the impracticable crank who does not know the futility of such examinations, or that a woman free from venereal disease may within a short time become a source of great danger.

Experience having caused a recognition of the almost impossible task of inducing patients suffering from venereal diseases to continue under treatment until freed from the deleterious effects of the poison allowed to enter their systems, I have long endeavored to find a drug or drugs which would, within a comparatively short time, exert a decidedly corrective influence. In this search many different remedies have been studied, but none of the others have shown a beneficial action equal to that of echinacea. In order to fully illustrate some of the results obtained from the employment of this drug, it may be well to report three cases of chancroid which came under my professional care.

The three young men referred to were nearly of the same age, and had been infected at the same time and by the same woman. Here was an opportunity to try out echinacea, and I at once determined to embrace it to the fullest extent possible. Notwithstanding the fact that the three cases were as near alike as any three cases could be, I decided to divide them for treatment into two classes, and designate the young men A., B. and C.

In the first class A. and B. were placed. The patients had foreskins which were long and well adapted to the treatment given them, for they constituted an excellent means of retaining the local medication prescribed, which was an ointment consisting of simple cerate and as much specific echinacea as could be worked into it. The young men were directed to wash the sores night and morning with hot water and soap, dry them and then

apply the ointment freely, place absorbent cotton over it, and pull the foreskin down over all. This constituted the entire local treatment. They were also given internally twenty drops of specific echinacea three times a day. In two days the sores had taken on a clean and healthy appearance. The treatment was continued until a complete recovery was secured.

The third young man, C., was directed to wash the sores in hot water and soap night and morning, then apply absorbent cotton saturated with specific echinacea, and over this a gauze bandage to be kept saturated with a 25 per cent. dilution of the same drug. He was also directed to take twenty drops of echinacea three times a day. Examination on the second day showed a considerable swelling of the entire penis, and on the fourth day the swelling had become so extensive that it was difficult to retract the foreskin sufficiently to apply the application. The treatment was then changed to that given to A. and B. Under this treatment the swelling soon disappeared, and the patient made a good recovery.

My experience in cases of this character, as well as in secondary syphilis, has fully convinced me that in echinacea we have a drug which greatly augments our control over syphilis and kindred pathological conditions.

THERAPEUTICS OF VARICOSE ULCERS.

Frank Webb, M.D., Bridgeport, Conn.

Many times the physician is called upon to treat this distressing condition, and consequently there are many methods of treatment. Very few physicians recognize the fact that there is a wide field for the use of many of our specific medicines and mother tinctures.

Now, to begin with, be sure that the ulcerated surface is cleaned, and that is best done by applying full strength dioxigen. It will burn some, but the burning will soon stop; then apply a 75 per cent. solution of echafolta to the cleansed surface until the patient cannot stand the burning, then dress the ulcer with echafolta cream, with two grains of asepsin well worked into it. For the internal medication we will have to be guided by the indications. I recall one, in particular, that resisted every means, and had been to several physicians before she came to me. She had the characteristic indication for sp. med. podophyllum. I told her I had better put her on some medicine for her liver before I gave her anything for her ulcer, but she, being in that nervous state that she insisted on my doing something for the ulcer, so I gave her corn starch for a dusting powder and told her to apply twice a day. For the indications I gave her twenty drops of sp. med. podophyllum in four ounces of water, one drachm every hour, and told her to come back when she had taken up her medicine. She came as I told her to, and her first greeting was: "Why didn't the other doctors give me the same powder to put on my leg?" I looked at the ulcer, and, much to my surprise, found that in four days it had begun to heal, and in less than two months had disappeared, and, so far as I know, never came back again, and this was six years ago.

This taught me to look into the case more closely, and I have found that about 45 per cent. come from a fault of the portal circulation.

There is another remedy I have had most excellent results with, and that is carduus marianus, the mother tincture, fifteen drops four times a day. in those cases that are directly traceable to varicose veins that have been bruised or have been ruptured by force. Where the breath is foul and of a sweetish taste to the patient, showing sepsis, echinacea will do better work than any other drug. In these cases I give from twenty to thirty drops four times a day.

Sometimes we will meet with a case that will resist all our means. Then make a solution of potassium permanganate, one drachm to the pint of distilled water, make a compress of cloth, about ten thicknesses, and apply three times a day. It burns when you first put it on, but it will soon cut down the edges and granulation will form; then follow up with your indicated remedies, and you will cure your case every time.

RATIONAL THERAPY IN DISEASES OF THE NUTRITIVE ORGANISM.

Henry S. Drayton, A.M., M.D., Jersey City, N. J.

We may postulate as a general proposition that those who have given attention to the causal relations of dyspepsia, alimentary disorders, as found in American practice, are commonly agreed that our notorious nerve irritability, our methods of business, our social irregularities and mannerisms, to say nothing of dietetic excesses or abnormalities, lie at the basis of our endemic infelicities of stomach function. It is not the amount of work one may do, not the muscular exertion or the nerve labor in itself, requisite to the result obtained, that are responsible for the degeneracy of stomach and intestine, but it is the manner in which the work is done—the excitement, irritation and strain to which our organic functions are subjected in the doing. We may not impute our troubles so much to the foodstuffs that are eaten, for our population as a whole is better fed in this era than ever before. Certainly, for variety, quantity and quality, the American food supply is much beyond that of any other nation in the world.

With this very limited reference to the etiological factors of our national dyscrasia, let me pass to a brief consideration of the trend of opinion with a large class of medicists concerning the treatment of gastric disorders, and which may be introduced in the following parliamentary style:

Whereas, digestive enfeeblement is due to the incapacity of the organism for the proper conversion and assimilation of food substance; the stomach failing to secrete its normal juices; the liver being incompetent to produce sufficient bile; the pancreas too feeble to supply its quota of emulsifying fluid to the duodenum; the spleen too much congested for the exercise of its special hemic (?) function (which I may be excused from defining synthetically);

Therefore, it is necessary to supply in some convenient form, as mechanically or chemically prepared, compositions and extracts, organic or inorganic, which shall minister to the effective recuperation of the digestive apparatus, and thus supplement the needs of human nature for tissue nutrition.

How respondent to this proposition is the manifestation of interest on the part of druggist and chemist, who would supply the physician with the tissue derivatives—the peptonates, diastases, enzymes and other kindred incitants of alimentary action! But despite the commercial industry thus exhibited, do we find our urgent needs met by the combinations referred to, and the nutritional woes of our patients generally relieved? Really, far from it. Indeed, so far from it that there are some physiologists who insist that we are almost as much in the dark with regard to understanding the vital or biochemic procedure of digestion as were our grandfathers; and however skilfully we may attempt to treat stomach and intestine, our peptonates and maltates and enzymes will have but a limited range of usefulness. Whether the trouble of our patient be salivary, peptonic, amylaceous, hepatic, splenic or what not, the products of the laboratory fail in the alembic of nature. One has said, for instance, of amylaceous dyspepsia: "It has long been a problem of the profession, a *bete noire* of disease, which we could not reach. If we used alkalies, we rendered the saliva too alkaline; if we prescribed acids, we neutralized the naturally existing alkalies so necessary in that fluid. . . . It does not always happen that digestion occurs in the test tube exactly as it is thought to do in the human stomach; but there are many things to be gathered in the study of digestive ferments from theories in the lecture room and tubes in the laboratory."

The gastric experiments of Beaumont with Alexis St. Martin, and the latest peptic investigations with tubes introduced into the stomach of the living subject, furnish many lessons regarding what nature does with this or that substance; but your chronic dyspeptic, after reading the circular history of this or that ferment or "zyme," with its muster of favoring comment from chemist and medical doctrinaires, and its imposing tables of comparative laboratory effect, is led to try it, and after a time, behold, how sadly he announces disappointment, or, with energetic expletives, relegates the "elegant preparation" to that limbo of false pretenses whither very likely he had previously consigned other compositions.

In our zeal to provide aids and substitutes for digestion, the proper value and capacity of natural function seems to be overlooked. We limit the power and quality of the nervous apparatus having relation to gastric function, and need to be reminded that nature has endowed it with a very broad field of adaptation as concerns foodstuffs; that it will appropriate to the purpose of nutrition things of almost opposite composition, and so feed its owner abundantly. From the whale blubber of the Eskimo to the viscid clay of the Otomacs, its capability of conversion indicates a protean diversity, so that the term "omnivorous" of the naturalist is not far-fetched in its application to the human alimentary organism.

Of the races and tribes of the world scarcely two feed alike, yet all find in the products of their respective habitats sufficient material, be it animal or vegetable, of the land or the sea or the air, to satisfy the cravings of appetite.

Our physiologists have found it necessary at times to modify views on tissue nutrition, regarded previously of almost standard value. The teaching, for instance, that foods could be divided into proteids or muscle-building, and fats and carbonates, or oxidizing foods, is now disproved. And we are more confident that nitrogenous or proteid tissues are not alone the result of proteid compounds, and that fat accumulation in the body is not due altogether to consumption of fats and carbohydrates. It is also more apparent to the experimental observer that hard work has little if any effect in the consumption of nitrogenous tissues, beyond the degree of such consumption when the person is at rest; while muscular activity is attended with loss of carbonaceous matter.

Certain experiments made by M. H. Tissier, in the course of trying a method of treating cases of intestinal affections, have an interest in connection with what is said above. M. Tissier prescribed a diet for his patients in which the carbohydrates occupied the larger part, forbidding meat, eggs, milk and cheese, but including fruits and most of the vegetables, besides fats, as butter, oily bouillon and beef tea, articles containing less than 1 per cent. of albumen. To test this diet on healthy subjects doing average work he made trial later of two adults, aged forty-three and twenty-three years, and, according to an account in the *Revue Scient.*, Paris, March 5, 1910, the result was beyond expectation. In order to ascertain whether this diet remained sufficient in case of greater physical activity, to this end the two subjects took walks of twelve to twenty miles without increase of ration, but nothing abnormal occurred. The subject of forty-three years took, during the month of April, 1909, a ride of one hundred and twenty-five miles on his bicycle, with a ration slightly larger than usual. The loss of weight was only a little over a pound, and the cyclist had neither curvature nor insomnia. The author calculates that for an adult of the same weight and age, with the ordinary diet, there would have been necessary to accomplish the work at least four times the ration allowed the subject of this experiment.

The disposition of mankind at large to use a large proportion of the carbonaceous compounds in their diet is thus seen to be but a natural expression of physical need. Assuming, however, that such a proportion as that proposed by Prof. Voit be correct, viz.: That in the food principles required to maintain equality between bodily income and expenditure, there should be five times as much of the fats and carbohydrates as of the proteids, man has but to eat sufficient food to contain these proportions at least.

While the chemist may obtain results in tubes or beaker that appear very definite as regards the potency of a certain resolvent, it must be appreciated that the biochemistry of the human body is quite another thing; that the processes of life have certain peculiar properties that are wanting in the action of the pepsin or the ferment that is mechanically placed in the labora-

tory tube. Certain reactions may be positive enough in the test tube, but in the stomach those reactions may never occur, or be so modified by the powerful gastric secretions as to be quite negative in result. Hence it is that the physician is often disappointed in the sequelæ of a treatment of which he had formed a sanguine view. The nervous relation of alimentation, the vital sources of gastric metamorphosis, had not been sufficiently considered; the power of the stomach secretions to decompose and change and counteract the remedies exhibited had not been adequately estimated.

May we not without excessive optimism credit nature with having reserves that may be put into the gastric field and do excellent work, even in cases regarded desperate?

It is known that even in the absence of pepsin or rennet in the secretions of the stomach membrane there are substances, for instance, the salts, the acids, the zymogens, that are capable of doing the work of conversion. Kellogg, in "Modern Medicine" (March, 1896), reports as one result of a careful examination of the stomach contents of nearly four thousand patients having chronic disorders of that organ, that a deficient amount of ferments was discovered in but *one* per cent. of them. The fact that these ferments exist in the body, and that their deficiency may be the cause of intestinal disorders is the chief warrant for the administration of the artificial substitutes. Probably it is no libel to say that a large number of physicians employ them as a convenient form of *placebo,* in cases where the patient's condition suggests little if any active medication. This is done, too, with the impression that if the ferment does no good it will do no harm—an illogical notion, and often really pernicious in effect. This has been urged by Brunton, Laube, Grote, and others, and in the circulars and "essays" of the manufacturers we may often read of the inadequacy and inequality of this or that peptonate marketed by some competitor.

But of the contentions and rivalries and theories of chemists and dieticians the great body of people care not a jot. To satisfy appetite is the main purpose of eating with them; and that which is simple, "hearty" and coarse is preferred to the elaborate dishes of the epicure. Note the buxom men and women, consider the plump, red-cheeked children of the laboring classes, especially those from other lands, and whose intelligence rises not into the realm of contemplating their food through the glasses of the laboratory analyst. The sturdy mechanic sits down a thousand times a year to a table that is graced with a stew or a roast, a cold cut or a soup, flanked with a side dish of potatoes or cabbage, a chunk of bread and a cup of coffee or tea, eats to contentment and afterwards goes to his bench or recreation without a thought of his stomach; while your merchant or profesional man, fastidious and finical in his *modus* of eating, and choice of edible, is troubled with a rebellious stomach. The elaborate variety he deems of so much importance does not save him from pyrosis and constipation.

The hospitals and sanitariums for chronic disease are attended in the great majority by dyspeptics. The valetudinarians one meets at the springs and summer resorts owe their infirmities chiefly to stomach atony induced by

a long course of gastric abuse. These furnish us a history of nerve function, irritated and worn by irregularities and negligence, and if they find relief and healing at their chosen retreat it is because of its simple food and restful order. Looking at the subject of nutrition failure from the point of view of nerve fatigue, it is not so remarkable that the broken-down stomach will exhibit, as a rule, a ready capability for the recovery of its functions when given the needed opportunity by its owner's abandonment of the course of life that has impaired its integrity.

If in ordinary affections of the alimentary system the nerves play an important part, how much more important is their relation to wasting diseases, like tuberculosis, carcinoma, diabetes, chronic nephritis, leukemia, etc., diseases that force the food question into most conspicuous notice? I believe myself warranted in saying that here especially the office of the gastric nerve centres is accentuated, and must be taken into careful account with regard to any treatment from which beneficial results are to be expected. In kidney maladies prohibition of starchy foods, oils and fats may appear to modify symptoms favorably, yet the continued decline of the patient in strength indicates that the good supply of proteids we may put into his stomach is not properly assimilated. The "restricted diet" is incompetent, and we return to the "all-around" feeding, and lo, despite the gruesome showing of the test-tube, there follows a gain in weight and the patient feels better generally.[1]

But does the absence of carbohydrates in the so-called "diabetic dietary" prevent the production of sugar? No. The blood contains sugar normally. The albumin of the tissues contains a good proportion of the carbohydrates, and thus in itself furnishes the material for the organic production of glucose; facts, these, to be appreciated in our management of kidney derangements. A healthy man could not live on a purely nitrogenous diet, so that in a disease of such rapid metabolism as diabetes it is apparent that the food should be as much as possible of the mixed variety.

Several years ago, while on my way to Northern Vermont to attend a consultation, I fell in with an elderly clergyman, who, learning somehow of my relation to the "faculty," gave me a history of his experience as a diabetic. He had been a missionary in Africa for many years, and, finally, on account of the malady, was compelled to withdraw from active service. On his route homeward he met an eminent English medicist who put him on codeia with such excellent effect that he found himself after a little time in a comparatively comfortable state, and which he assured me was the case at the time of our meeting. His appearance certainly was that of a man who at seventy or more was in good average health.

A little thought upon a case such as this would make sufficiently clear the relation of the nervous system to the gastric and renal lesions involved, and

1 "The very men and women whose daily food," says R. G. Eccles, in *Medical Record*, August 8, 1908, "comes up to the standard of diet usually prescribed for diabetics, are the very men and women in whom the cases of diabetes are most numerous and fatal. The plain people, who subsist on the more economical diet, a diet chiefly carbohydrates, know little of diabetes."

convince one of the existence of a neuro-alimentary dyscrasia as the basic element in the malady.

Dr. J. M. Allen, in a paper before the American Medical Association at Columbus, Ohio, some years since, reviewed the symptoms and pathological evidences in twenty-six cases, and arrived at the conclusion that it is the duodenum in which the lesions chiefly occur that are causative of the dreaded malady. Some recent experiments by Zuelzer (*American Journal Medical Science*, January, 1909), in which he injected a pancreatic extract with some success in reducing the amount of sugar in the urine, without any change being made in the diet of the person's treatment, appear to support the above statement. The same inference is plausible in regard to the much discussed use of trypsin by the mouth (Van Leyden *et al*). So, taking into consideration the origin and distribution of the *par vagum* and the connection of the duodenum with the sympathetic centres, one feels warranted to regard peripheral irritation as the most probable factor in the disturbance of the glycogenic function.

The principle then to be kept in view, I believe, is not prohibition of the carbohydrates in the food supply, for the sake of avoiding the excessive secretion of sugar, but to supply the diabetic with nutritive material, and, at the same time, afford the nidus of functional derangement the rest and calm essential to recovery of normal energy. The use then of codeia by the older physicians is seen to have a physiological foundation, and with our better comprehension of the procedure of digestion, we should be enabled to combine the principle of rest with the principle of appropriate feeding in treating diabetes and allied maladies more successfully.

Reviewing the points involved in the field I have traversed with such brevity, is it not clear that one factor in the vital economy of the human constitution has been much neglected — the nerve function or the co-operation of nature in the remedial effort of the organism? On this account, in treating dyspeptic cases, have we not been disposed to employ methods that were either quite unnecessary or contributory to aggravated disturbance of the alimentary organism? Instead of calmative measures, have we not considered it necessary to give tonics and stimulants to arouse and irritate the weak if not quite exhausted stomach, when what was really required by its nervous apparatus was restful management?

After all our generalizations we have not fathomed the mysteries of nutrition, and the fact remains that nature in the recesses of her living laboratory and through her subconscious activity can order the procedure of tissue repair and rebuilding better than we can with all the array of tonics, emulsions and extractives. If it be rational to "give the devil his due," it should be more reasonable to give the gastro-intestinal system credit for capacity to do its own work, and not hastily or deliberately interpose obstacles to hamper or prevent its efforts to serve us in the manner ordained by nature.

VIBURNUM PRUNIFOLIUM.

A. F. Stephens, M.D., St. Louis, Mo.

Viburnum prunifolium stands at the head of the list of remedies applicable to the treatment of diseases of the female generative organs.

The specific indications for its administration are: Cramps of the muscles, threatened abortion, painful menstruation resulting from unnatural contraction of the uterine muscular tissue. Dr. John M. Scudder said of this remedy: "It is the most certain remedy to prevent or arrest the progress of abortion that we have, and in any case when it can be stopped this remedy may be relied upon. I have used it for many years and place so much confidence in it that I always carry it in my pocket case for this purpose."

I have used viburnum prunifolium for the above purpose for twenty-five years and can endorse all that Dr. Scudder said concerning its action in threatened abortion. My method in such cases is to first administer a hypodermic of morphine to gain time and follow with five-drop doses of viburnum prunifolium every two hours until the danger has passed.

In cases of habitual abortion, if the patient is put upon black haw soon after conception has occurred, it will prevent a repetition of the misfortune in many cases. Black haw acts directly upon the muscular tissue, relieving irritation and rendering a normal muscular tonicity. It will not only prevent abnormal contraction by lessening irritability, but will increase muscular tone when the fibers have lost their normal contractility; hence the remedy applies to those conditions of relaxation resulting in congestion. From this it will be seen that the remedy has a specific action in subinvolution, menorrhagia, metrorrhagia, uterine leucorrhea, etc., and by such action the congestion is overcome and the symptoms resulting because of the congestion disappear.

In cases of menorrhagia and metrorrhagia I use the following combination with almost universal success: ℞ Specific medicine viburnum prunifolium, ʒii; specific medicine belladonna, gtt. v-x; distillate hamamelis, q.s. ad ʒiv. M. Sig. Take a teaspoonful every one to four hours as may be needed.

In dysmenorrhea, or painful menstruation, this remedy, by exciting normal muscular tone, relieves the congestion of the organ and brings about the desired effect—normal and painless menstruation.

Viburnum prunifolium acts not only upon the uterine muscular fibers but has an action also upon the other muscular structures of the body. It will therefore relieve promptly those distressing cramps in the legs often complained of by women.

It has been my practice, and still is, to administer viburnum to the parturient woman during her lying-in period. I do this because I believe she recovers from the ordeal in better condition than if no help is given. I do this because I know the remedy aids in restoring normal muscular tone; in overcoming the resulting congestion at time of labor; and, by its contractile

power, prevents to a degree absorption of fluids within the cavity; and also prevents the condition of subinvolution which so frequently follows childbirth. This may be only a notion of mine, but success has been so uniform that I am willing to keep the deception if it be a deception.

There is one feature to which I want to call your attention and that is, all stomachs will not take kindly to black haw, and I find in a few instances that the remedy causes burning in the stomach and acid eructations and will have to be omitted from the treatment. This does not happen often, but once in a while it will do so.

The dose is from two to ten drops of the specific medicine every two to four hours as required by the urgency of the case.

If "606" is really the superlatively effective agent against the spirocheta pallida of syphilis, it is to be hoped that further experiments will prove it equally efficacious in related forms. While there are both pathogenic and non-pathogenic forms of these protozoa, the importance of the latter is scarcely appreciated. The spirocheta Obermeieri has long ago been demonstrated to be the cause of European relapsing fever. The virulent character of spirocheta Duttoni was proved by Dutton himself, since his death is said to have been caused by self-infection with the spirillum. The spirochetes in various tumors, in the mouth of patients suffering from Vincent's angina, and in numerous infections other than syphilis, show how important are these microscopical organisms. It is believed that the discovery of Ehrlich's remedy will stimulate a renewed study of the other spirochetæ, with the hope that these will also be amenable to "606."—*The Lancet-Clinic.*

The more we study the individual patient, and the closer we apply treatment to his individual case, the firmer becomes his faith in us. He doesn't want erudition, but help. He cares less to know that 90 per cent. of cases like his get well than that he himself will recover. He cares less for the interesting diagnostic features of his case than for ease from his sufferings.

When dressing a freely suppurating wound of one of the extremities, it is much better to apply the gauze in flat pads than in circular turns. Soiled gauze wound about an extremity cannot well be removed in a cleanly fashion; and, too, circular turns tend, by spreading the pus over the skin, to set up a pustular dermatitis.—*American Journal of Surgery.*

A malarial seizure accompanied by vomiting and abdominal pain may simulate appendicitis, cholecystitis, or other acute intra-abdominal lesion. A leucocytosis of even 20,000 does not gainsay the malarial diagnosis.—*American Journal of Surgery.*

The National Eclectic Medical Association
QUARTERLY

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DUTY OF ECLECTICS.

It is not any too early to think about the next meeting of the National in Louisville, Ky., and begin making preparation to attend the convention. Every Eclectic in the land should feel a pride and take an active interest in our National organization and endeavor to be present at its annual meetings. Numbers as well as principles count for results, and whenever there is a large and enthusiastic gathering of any kind the people take notice that there is something doing and pay attention. We should not be contented to do nothing, nor merely let well enough alone, but be active members and helpers, letting the world know that we are alive and have something to say and do. The people cannot know about us if we do not tell them who we are and what we are trying to do. Staying at home and shutting up like a clam, doing nothing and having nothing to say, is about the least that any man can do. The world loves a man who is alive and does things. Many of our men, however, prefer to remain negative and passive. They seemingly have lost all interest in the cause or concern for the college which gave them success. They are glad to have a share in the profits but are not willing to assume any of the responsibility. They forget that the future success of Eclecticism depends upon the individual members to furnish new recruits to take the place of the veterans who are mustered out. To fill up the ranks it is necessary for all to become active boosters for the cause by seeking out and starting capable young men and women to study Eclectic medicine, attend some Eclectic college and be made into successful physicians and surgeons. This means you and it means me and none of us can shirk our responsibility.

Another important duty for the Eclectic is to join every Eclectic society that is within reach. He cannot belong to too many such organizations. He should first join the nearest local society of either city or county, if there be such, then the State Society and the National Association. By this means he comes into friendly touch with his brother physicians, who there learn to know and help one another. It may take him away from home for a few

days and cost a few dollars, but the time and money thus spent is well invested and pays dividends by helping to make business. The people learn to know the enterprising and progressive physician, because he keeps himself posted and is successful in practice. When anybody gets sick he is the doctor that usually receives the call, and not the man who stays at home and does nothing. Attending medical conventions not only imparts knowledge and promotes sociability, but also furnishes a vacation which every busy man needs to save him from overwork and to break the monotony of sameness.

The question has been asked whether Eclectics should join Allopathic societies or not? That is a subject which every man must decide for himself. The offer made to Eclectics to have them join such societies, which practice has been in vogue during recent years, is evidently not actuated by disinterested motives, but is only part of a scheme, hatched and matured by the American Medical Association, to eliminate us by absorption into its universal melting pot. Eclectics cannot benefit themselves in any particular by entering into such an incongruous alliance, as some who have attempted it have found out to their sorrow. There are, undoubtedly, men in the Allopathic profession who are honest and sincere in their proffers of friendship, and to such these remarks do not apply as individuals. But the spirit of Allopathy has always been bigoted, egotistic and domineering, seeking by every means possible to keep in control, and because it does not always succeed is no fault of its own striving. Its object is to unionize medicine, and, if it could have its own way, it would compel every outsider to come into the fold or get off the earth. In the everyday affairs of life men do not make a practice of calling on their enemies for consolation and help and the same rule would seem to apply in this case. If an Eclectic is so situated that he cannot co-operate with friends, he should be independent, and stand aloof rather than consort and act with those whose known intentions are to annihilate him. An Eclectic cannot become an Allopath without abandoning principle, which makes him a renegade and traitor. Such an act of perfidy will blast the character of any man. He may try to become something else than what he is, but it is very doubtful if he can ever succeed. If he is not an Allopath, nor yet an Eclectic, he must be either a mongrel or nothing. He can never be reliable and is only a disappointment. It requires decision of character, constancy and stamina to succeed in anything, and these qualities are as necessary in a physician as in any other man. In short, stand for principle, be an Eclectic, be a Man! J. A. Munk.

"THE LEAGUE OF MEDICAL FREEDOM," AND OTHERS.

"The Chinese believe that when a man wants to die, or against his will is, through illness, about to die, he should have no medical attention or other care, and that no one should under any circumstances interfere with his freedom to do as he pleases. Several years ago the writer of this article saw, in Canton, China, a man lying upon a refuse heap, on the wharf near the steamship landing, dying, as unattended and uncared for as a dog. He had been

there several days and the captain of the steamer said that he would remain there until death came to his release.

"In the opinion of the average American, polite language is unable to fitly characterize such customs, and such zeal for medical or any other kind of freedom, and yet three recent occurrences in Los Angeles indicate that there are some people among us whose sympathies and efforts are exerted along lines not so very far removed, in essential respects, from the Chinese practice.

"Much of the energy of the recent meeting of Homeopathic physicians in this city was devoted to condemnation of the Owen bill, and its tendency to advance the minimal standards of qualification for the practice of medicine. In a recent sermon the pastor of the Los Angeles Fellowship attacked the Owen bill and the American Medical Association along similar lines, and a few days later the *Los Angeles Express* published and editorial in commendation of the action of the Homeopaths and of the sermon mentioned.

"It is easy to understand why the practitioners of any branch of sectarian medicine oppose any movement which proposes to raise the standards of general and special knowledge required by the State as preliminary to the actual practice of their profession. It is also easy to understand that the friends of practitioners of sectarian medicine, through personal sympathy with their own doctors and through a failure to understand the essential merits of the controversy oppose any or all State control of the practice of medicine.

"Both of these classes of people—sectarian doctors and their friends—need to realize that the movement for State control of the practice of medicine and of public health seeks only to advance the minimal educational standards and that it places all men and women who seek to practice medicine on an absolutely equal footing.

"There is no movement anywhere which asks the law to say what a doctor's theories of medicine or his actual practice shall be. The movement for State control seeks only that every practitioner of medicine shall have a minimal knowledge of the facts of modern medical science.

"Practitioners of sectarian medicine know, and their friends should know, that almost without exception the great advances in modern scientific medical knowledge have been made by graduates in non-sectarian or regular medicine. It must not be forgotten, and it cannot be too often asserted, that the movement for State control of the practice of medicine and of the public health seeks to put up no bars against the practice of sectarian medicine save moral and educational qualifications. E. W."

The above editorial is quoted from the *Southern California Practitioner*. We wish we could endorse the writer's views, and were they correct we could easily do so. No physician, sectarian or otherwise, opposes State control of the public health, but we do State control of medicine. The animus of the entire situation is set forth in the fifth and sixth paragraphs, and it fully explains why what they please to call sectarian medicine opposes the Owen and similar bills. They say the bill will not control medicine, yet, in the same breath, they say State control seeks only that every practitioner of medicine

shall have a minimal knowledge of the facts of "modern medical science." We have State control now, why National? There may be an honest difference of opinion as to the relative merits or actual value of what they consider "modern medical science."

We might also ask what was the condition of medical science before Homeopathic and Eclectic medicine appeared upon the scene? Honest differences of opinion and opposition is what furnished the stimulus for investigation and proved to be the leaven that has leavened the entire loaf. Our friend seems a trifle off in his medical history, possibly purposely.

No man will deny the value that has accrued to the people from modern sanitation, yet many will and do doubt the efficacy of serums, vaccines and bacterins. In our own short professional experience we have seen many fads appear as emanating from "modern scientific medicine," and also disappear. I fancy they would not even acknowledge them. Sectarian medicine has revolutionized "scientific medicine" and has and is teaching them sane therapeutics, a subject which they practically ignore. The friends of sectarian medicine employ them, not because we can talk learnedly about all the bacteria and serums, but because we do something tangible for them, relieve their pains and aches. No, my friend, sectarian medicine does not oppose any health measure, nor any law having for its object the preservation of the health of the people. We oppose only *State medicine,* not State health measures. M.

Many of the medical journals are reprinting Henry Pritchett's article, "How to Study Medicine." The advice is given to first make a proper preparation by acquiring a knowledge of the fundamentals, chemistry, physiology and biology. To this none will say nay, yet is there not danger in the undue haste of examining boards, medical councils and societies, that preliminary qualifications will be overdone? It would be amusing, were it not so serious, to note the unwonted activity of men to raise the standards who themselves fall far short of possessing that which they require of others. Might there not be just an element of greed in it? But, let that be as it may, they fail to recognize that high schools and colleges fall far short of a uniform standard. A bachelor's degree may mean four years' honest work or it may mean but little more than a first class high school. Again, owing to the elective system as now in use in most colleges, it may prove a proper basis for a subsequent medical course or it may not. Again, is there not danger that we are overdoing this preliminary work? Many college men prove poor students. Our colleges too often instill a certain so-called "college spirit," which, unfortunately, is not conducive to hard work. A system of credits or units is far better than the requiring of a degree. Our author is afraid that the increased requirements will rob the town of five or ten thousand of qualified men. Need not worry. It is strange what an amount of ignorance is displayed by the academician and urban physicians as to the qualifications and conditions of the country physician. If the writer had investigated his subject more thoroughly he would have learned that many of the towns of

five and ten thousand possess small but well-equipped hospitals, and that one or more men are there located prepared to do major surgery, or in fact anything along the line of medicine and surgery; that they possess well-equipped offices, with all the accessories for diagnostic purposes. He is probably not aware that Rochester, Minn., the home of the Mayo brothers, was a place of between six and seven thousand in 1900. They own their homes, ride in their automobiles, send their sons and daughters to college, attend their State societies, and occasionally take post-graduate work in our larger medical centers, and are far ahead of the city physician in the enjoyment of the pleasures of this life and the wherewithal to enjoy it. We know of but few country physicians whose income will not far exceed that of the average of our city brother, many of our acquaintances enjoying an income of from five to ten thousand dollars. When he speaks of one physician in a country town, where now five or six eke out a miserable existence, he again evinces his lack of knowledge of the conditions surrounding the country doctor. The town does not furnish him his entire work. It is the surrounding country, entailing many miles of driving. It is impossible for one physician to adequately supply a town of five hundred with its contiguous territory. If our city brothers only knew it, it is not the country doctor that is worrying about the necessities of life; it is the city fellow. The trouble is, so many of our educational and medical laws are drawn by academician and college professors whose entire life has been devoted to their work and who possess only a very theoretical knowledge of the practical side of life. Much of it is on a par with the "Report of the Commission appointed to investigate the condition of the farmer," written in the study of a college professor. If one would follow the writings of some of our leading educators they would learn what their opinion is of the hue and cry for college education. Unfortunately it does not always prepare a man to face the problems of life, and there is great danger that we are overdoing the matter in medicine. No amount of time in school, measure it by hours or years, will make a man a successful practitioner, if he does not possess the inherent, sterling qualities that go to make a man a success in life. M.

The criticisms contained in the fourth bulletin of the Carnegie Foundation for the Advancement of Teaching, the criticisms of that report, and a review of some examination board questions, have called for a survey of the educational trend for the past twenty-five years.

Personally we have always been, and are still, opposed to the present plan of State board examiners. Were one always assured that men received these positions by reason of broadness of training, both literary and medical, one could not consistently object. But, when we reflect upon the condition of medical education twenty or twenty-five years ago and its status to-day, it often seems rather farcical to see the present graduate examined by the former examiner. We have often felt that it smatters too much of the quiz compend style. When we notice graduates of Harvard, Johns Hopkins and

Ann Arbor passing with a grade of from 75 per cent. to 80 per cent. we wonder if the examined ought not to be the examiner. We look upon the examinations as a test of memory. Every teacher knows or recognizes the fallacies of examinations. Frequently some of the best qualified and most studious fail to make a good showing. It is no test of scholarship or learning. It takes a broad, well-balanced mind to be a competent examiner.

We recall an examination, when one of the students finished so quickly, that the examiner was astonished. When questioned, he remarked he could have done no better had he been permitted to select his own questions.

Since the boards have essayed to regulate the college, regulate the course of study, number of teachers, hours to be spent in each branch, why the necessity for examinations at all? Anyone who has taught recognizes the ability of a teacher to gauge the scholarship of a student much better than any examiner can. Do not the examinations partake somewhat of a rather medieval nature? I am not so sure but what many of our foremost educators are in favor of their elimination.

Compare the course of twenty-five years ago with that of to-day and then note if our position as to the fitness of the examination is not well taken. The course was but two years; the branches about seven; bacteriology, but little thought of. Surgeons would have quailed at much that is done to-day, owing to lack of knowledge upon the subject of asepsis, technique, etc. Hygiene, pediatrics, histology, bacteriology and other subjects we could mention were taught in a perfunctory manner, if at all. Note the difference. Proper preliminary qualifications; four years of thirty-six weeks; a knowledge of all branches and even some of the specialties; in fact, it is presumed by the examiner that the candidate must possess a knowledge of the entire field of medicine (unless we except materia medica and therapeutics) commensurate to a practitioner and student of twenty or more years practical experience. Judging from some of the questions propounded he must not only know all that his text-books contain, but he must be familiar with all the new theories and fads exploited in our journals, long before they become firmly enough established to be embodied in our text-books.

I am frank to confess that we believe that with the boards fixing the preliminary qualifications, prescribing the course of study and hours in each, grading the standards or standing of colleges, in fact exercising police powers over colleges, the examinations ought to be discontinued. Returning to my first proposition, when I read the results of them, I feel that often the examined is more competent than the examiner. I know they are better qualified than was the latter when he began his professional career. I have always felt that the college ought to be regulated and not the student. M.

With the exercise of supervision over the college, by the examiner, we have certain other independent associations or bodies essaying to exercise this same power. We have "college confederations," "councils of medical education," "foundation funds," and we know not what more. Each of these

esteem it their special duty to besiege examining boards to adopt their own specific or pet theory or idea as to how a college should be managed. Boards are apt to do so too. If not the entire board, there is some member that can be induced to offer the necessary resolution to accept this one or that one's classification or grading. Possibly some one thinks the student ought to be given an examination in refraction; possibly another one desires the examination to be more rigid in bacteriology; another desires the student be examined in microscopy and histology, a practical examination. Some one offers the desired resolution and forthwith it is adopted. But much worse than this, is the aim and object of some boards to limit the practitioners of their State to graduates of their own colleges, or to boast of the number they succeed in failing. We cannot for one moment feel that either of these was the prime object of an examining board or the purpose of their inception. We believe it was for the purpose of elevating the conditions as they existed twenty or twenty-five years ago. They have accomplished this; why not wait now for the schools to catch their breath, or until our literary colleges and high schools adopt a standard? Recently we knew of a young man presenting himself to a college for matriculation having an A.B. degree. The State examiner claimed the degree did not represent the intrinsic value of a first class high school diploma in this State, and refused a medical student's certificate. This is but one instance of many similar ones confronting the medical colleges. Do the students renew their literary studies? No, indeed. They find some college in some State that will accept them. Then why not halt in our constant and endless tinkering with qualifications until we know what they mean, until some definite standard is adopted and honestly enforced. M.

POLIOMYELITIS.

"Infantile paralysis may be said to be in fashion. It is not at all to be regretted that our profession is prone to concentrate its interest on a few topics at a time, for this method is excellent as applied to any study, and it cannot be denied that the disease has been more or less epidemic in certain parts of the country during the last year or two. It is said that at least 20,000 cases occurred in the United States last summer. Aggregate statistics are always impressive, but it is well to reduce them to ratios. The 20,000 cases represent a gross incidence of about one to 5,000 of the entire population or about one to 500 of the population under ten years of age, among which class the great majority of cases of acute anterior poliomyelitis occur. We are rather skeptical as to the present or, rather, recent frequency of this disease. Cases in adults have been mentioned by many, whereas the ordinary view has been that it is exceedingly rare in adults and that most such reported cases have been examples of multiple neuritis or some other nervous lesion. Again, the attention of the profession being once directed to a certain disease, the natural tendency is to exaggerate its apparent prevalence, not only by false positive diagnoses, but by suggesting the true diagnosis in cases that would otherwise be wrongly interpreted and by emphasizing the importance of re-

ports that might otherwise be neglected. That gross exaggeration of the prevalence of diseases at a certain period does occur is illustrated by the following incident: A local committee studying this subject was informed by a physician that he had had a dozen or twenty cases; on following the matter up, it finally succeeded in getting the definite designation of two patients.

"We are inclined to doubt that there has been a greater excess of incidence of poliomyelitis within the last year or two than is characteristic of infectious processes generally. The fluctuations of measles, scarlet fever, etc., are well known and occasion no excitement. However, we are contending, not for a diminution of the effort to explain, cure, and prevent poliomyelitis, but simply for the continuance of interest in this disease and a realization of the equal or greater aggregate importance of the commoner children's diseases so called.

"Flexner, after passing infected spinal cords through a Berkefeld filter, found that the filtrate, though apparently free from bacteria, was infectious for monkeys. This is a familiar story and we confess to an exceedingly skeptical attitude toward 'ultramicroscopic' germs. Porcelain filters have often been proved to be leaky for ordinary bacteria, and it is only two or three years since it was highly respectable to consider the infectious agent of syphilis as ultramicroscopic, whereas it is gigantic in comparison with the average pathogenic bacterium. Artificial infection of monkeys has shown that a state of resistance to subsequent attempts at infection exists. Whether this will prove to be permanent, ranking infectious poliomyelitis among semelincident diseases like the exanthemata, is as yet undecided. Clinical experience does not at present enable an opinion to be expressed, since the mathematical chance of the recurrence of a rare infection is approximately equal to that of the exceptional recurrence of an infectious process which regularly protects against itself for a lifetime.

"The question naturally arises as to whether infantile paralysis is specific; in other words, whether one germ produces essentially the same lesion in practically all cases while, conversely, the same symptom complex is not produced by other germs. It is hardly necessary to make the qualification that a different type of poliomyelitis may be due to an entirely different germ or to an uninfectious process, and that, as in the case of other established specific infections, the same germ may perhaps occasionally produce an aberrant type while some other germ may closely simulate the symptom complex of the specific cause of the disease. As to this point, we can, of course, express no definite opinion. However, it may not be out of place to point out the general probability that a truly specific germ, unless requiring a fomes of rather rare occurrence, as in equinia, or some special process of implantation, as in tetanus, will produce disease in relatively large numbers.

"There seems to be no doubt of the infectious nature of infantile paralysis, and yet, with inadequate means of protecting against it, since we know so little of the exact means of propagation, it remains, even at its maximum incidence, quite a rare condition. This fact suggests one of three

theories: 1. That the means of conveyance or successful introduction require some special circumstances not readily fulfilled. 2. That a true natural immunity or general state of resistance exists to a degree much greater than for the specific infections that are better understood. 3. That infectious poliomyelitis is not a distinct disease, but a special phase of some other infection, due to the accident of localization in the anterior horns. Of these three hypotheses, the second seems least probable. The fact that Flexner has found the virus not limited to the central nervous system and particularly conspicuous in the nasal and pharyngeal mucous membrane suggests a close analogy to cerebrospinal meningitis. Indeed, we should for various reasons be inclined to regard these two diseases as variants of one and the same specific infection, were it not for the difficulty of conceiving that so well known a germ as the meningococcus could have escaped detection by the expert bacteriologists who have been at work on the problem of the etiology of infantile paralysis. In passing, it may be remarked that some bacteriologists consider the meningococcus itself as an aberrant type of the pneumococcus.

"Bearing in mind the miasmatic theory of malaria and the belief, held for many years without question and then suddenly wiped out, that yellow fever could be contracted from fomites, even after a long period, we would recommend extreme caution against jumping to conclusions as to methods of conveyance and introduction. The sparseness of cases of infantile paralysis is opposed to the conception of a germ readily carried by the air and requiring no particular mode of implantation to secure an infection, as in the case of measles, scarlet fever, diphtheria, etc. Its predilection for summer has suggested conveyance by insects, but, so far as we are aware, the incidence and, still more important, the exemptions do not bear out this conjecture.

"We have suggested that the rarity of cerebrospinal meningitis, in connection with the occurrence of the meningococcus in the nasal mucus, may be explained, in spite of the potential infectiousness of the disease, by assuming anatomical variations in the chain of air spaces leading back to the sphenoid cells and in the walls between these and the craniospinal cavity. The same explanation is equally applicable to infantile paralysis. But it is obvious that the real solution of the problem must be reached after the identification of the germ, and, from past experience, we take the liberty to advise bacteriologists to leave the ultramicroscopic conception for a last resort and to look, either for some fairly common germ, perhaps in an atypical form, or for one that requires quite different staining and cultural treatment from that applicable to most bacteria."

This editorial, from the *New York Medical Journal,* January 7, 1911, is expressive, and is the only article we have seen but what fully endorses all that has been written by our over-enthusiastic profession. If some laboratory writer of reputation exploit a theory, it is immediately swallowed by the profession without so much as a grimace.

We have been reading with interest many of the "State board bulletins" on poliomyelitis. Comparing the clinical histories and symptomatology with poliomyelitis, as we have studied it and seen it for the past twenty-five years,

we fail to see in many recorded cases any similarity. Quietly reviewing these cases, and we can easily recall about a score, we have failed to note the meningeal symptoms enumerated in these bulletins. Flexner used the extracerebral mode of inoculation in the monkeys. The mortality among them was 50 per cent. Facial paralysis involvement of the medulla, paralysis of upper and lower extremities occurred. The paralysis extended either up or down in accordance with its original appearance. Do these symptoms correspond with those observed by you in your private practice? I am frank to confess they bear no resemblance to poliomyelitis as I have observed it. Is it not possible that the introduction of this virus produced from the spinal cord of those children into the monkey produced a more serious lesion than poliomyelitis? If the hypothesis of Flexner is correct, not only the pathology, but the symtomatology, diagnosis and prognosis of acute poliomyelitis must be rewritten. M.

HIGHER PRELIMINARY REQUIREMENTS IN COLORADO.

"Dr. S. D. VanMeter, secretary, states that the Colorado State Board of Medical Examiners, at its October meeting, adopted a resolution providing that applicants for license to practice in Colorado, graduating after January 1, 1914, will be required to furnish satisfactory evidence that, before matriculation, they had completed two years' study without conditions, in an accredited college of liberal arts. The requirement of one year of collegiate work, as previously announced, becomes effective January 1, 1912."

It is rather doubtful in what light the effort to raise the preliminary requirements to the study of medicine should be viewed. In Ohio the announcement of the effort to be made to raise them to two years in a liberal arts college was accompanied with the suggestion that "it is thought this will compel the closing of three colleges in Ohio." A letter in one of our weekly journals of recent date bears the same stamp. It is strange that efforts are not made for a uniformity of minimum standards rather than a crushing out of existence of smaller colleges honestly complying with the law. When we say "honestly" we mean it, for we have indisputable evidence to show that some at least of the larger colleges clamoring for these increased standards are evading them. The effort to better the condition of the profession is not sincere by any means, but is an effort of the larger to squelch or squeeze the smaller. We have no desire to decry honest efforts to better educational advantages, but we know from personal experiences the cost of education and the advantages there are for one to work his way through a college. It sounds pretty, but it is a rather difficult task, when a practical test is undertaken. Our whilom friends who have always occupied an easy chair can talk theoretically, but it is the fellow who has undertaken the task who knows what it costs. Increase the cost continually, and it will be impossible. We know whereof we speak, and we do not speak from a theoretical or book knowledge, either. M.

The annual meeting of the National Eclectic Medical Association which was held in Boston last summer was apparently most successful in all ways.

One hundred and eighty-two applications for membership were accepted. These, in addition to 239 applications acted upon favorably during the year, make a total of 421 new members since the former meeting. This is a record of which any society might be proud.

California.

Dr. Webster, of San Francisco, delivered a special course of lectures at the College, on materia medica and therapeutics, during December.

Dr. George Burleigh has moved his office to 5365 Broadway, room 401.

Dr. Grace Kirkland, of Atlanta, Ga., has removed to Los Angeles.

Dr. Frederick D. Webley has removed from Santa Rosa to Santa Cruz, Route 2, Box 778.

Dr. J. B. Sands, of Venice, is taking a post-graduate course in New York, and Dr. E. P. Bailey in both Chicago and New York.

Dr. Elisha N. Mullinix, formerly of Spencer, Ind., is now living at 1008 W. First St., Los Angeles.

At the State Board's medical examination in Los Angeles in December, of the 95 applicants, 28 were women and 67 were men. Of those who passed, 60 were men and 16 were women. Of those who failed, 25 were men and 12 were women.

At the October meeting of the Los Angeles County Eclectic Medical Society, Dr. Holton was the essayist, subject "Venereal Diseases." At the November meeting Dr. Hubbard chose for his subject "Anal and Rectal Fistulas," and Dr. Barbrick "Medical Freedom." At the December meeting Dr. de Monco read a paper on "Chronic Catarrhal Prostatitis." The annual election resulted in Dr. J. F. Barbrick being elected president and Dr. P. M. Welbourn secretary for 1911.

Connecticut.

The semi-annual meeting of the Eclectic Medical Society of the State of Connecticut was held at the Hotel Elton, Waterbury, October 11, 1910. After the reading of the papers and the transaction of routine business, the members and visitors adjourned to the banqueting hall, where a dinner was served in honor of Dr. S. B. Munn, the oldest and most active member of the society.

Illinois.

The Illinois State Board of Health at its last meeting again declared the St. Louis College of Physicians and Surgeons not in good standing.

On November 3 the superior court of Cook county dismissed the personal damage suit brought by the National Medical University against the State Board of Health for its action in declaring the National Medical University not in good standing. The plaintiff appealed to the appellate court.

The dean of Northwestern University Medical School announces that hereafter the institution will require two years of collegiate work as requisite for admission, instead of one year as heretofore.

The Chicago College of Medicine and Surgery has lately been changed to an Eclectic school, and hereafter will probably bear the name of the Chicago Eclectic Medical College. This is the last of the Physio-Medical colleges, and has been in active and continuous existence for over twenty-five years.

Dr. R. W. Kinsey has located at Armington.

Indiana.

The Northeastern District Eclectic Medical Association held its second meeting at Marion, December 14, 1910. From the program before us we have no doubt a good and profitable meeting was held.

Dr. H. C. Hart, of Russiaville, had the misfortune to break his right arm, while cranking his automobile.

The Indiana State Board of Medical Registration and Examination, at its semi-annual examination at Indianapolis, January 11, 12 and 13, examined seventeen applicants, of whom sixteen passed.

Dr. Carl P. Cramer is located at Batesville.

For the purpose of gaining information from which to decide just what shall constitute the two years' college work required of Indiana medical students, the Indiana State Board of Medical Registration and Examination held a conference at Indianapolis, Thursday night, with representatives of a number of the colleges and universities of the State. The college men declined to offer suggestions as to the specific studies which should be required in the two years' work, and this matter will be decided by the Medical Board at its annual meeting this month. It is the desire of the board to place all medical students on an equal footing by fixing a definite requirement for their two years' pre-medical work. A certain number of hours' work in each of the required studies will be demanded. General chemistry, modern languages and kindred studies will undoubtedly be included in the prescribed course.

Iowa.

B. F. Reed, M.D., has removed from Flat River, Mo., to Cedar Rapids.

Dr. Smaltz has located at Correctionville.

Dr. G. H. Sumner, secretary of the Iowa State Board of Medical Examiners, reports that at a recent meeting the following schedule was adopted, giving the minimum entrance requirements which must be enforced by all colleges after January 1, 1911, in order to be in good standing:

"SEC. 1. The college must require of each student a creditable certificate of good moral character, signed by at least two physicians in good standing in the State from which the applicant comes.

"SEC. 2. The minimum scholastic attainments to be required of each student for admission to the medical school must be a four-years course in a fully accredited high school,[1] academy or seminary, in which at least two

"1 By an 'accredited' high school, academy or seminary is meant one that has been inspected and fully accredited by the State university of the State in which it is located; or, in other words, a high school, academy or seminary, a diploma from which would admit the holder to the College of Liberal Arts of the University of Iowa without examination. The matriculation examination for entrance on the study of medicine

years of foreign languages is required, and in addition thereto two full years in college work in an accredited college, which shall include at least ten semester-hours in chemistry,[2] ten of physics (or six, if one year in the subject was done in high school), six of biology, and ten of foreign language. The foreign language taken in college must include enough Latin to make the total Latin taken in high school and college together equal to two years' work in the subject.

"SEC. 3. The above requirements are hereby adopted and are in full force and effect on and after January 1, 1911; and thereafter any medical or osteopathic college requiring a lesser standard of qualifications will not be considered in good standing with the Iowa State Board of Medical Examiners."

Kentucky.

The Central Auxiliary Society met at Winchester, November 16. The officers elected for the coming year are: President, J. H. Schultz, Jeffersonville; secretary, T. A. E. Evans, Farmers. The next annual meeting will be at Richmond, November, 1911.

The Eastern Auxiliary met in Maysville. The officers elected for 1911 are: President, D. E. Morgan, Maysville; secretary and treasurer, M. W. Meadows, Fullerton. The next semi-annual meeting will be held in April, 1911, at Ashland.

Dr. L. Simpson has located at Lowes.

Governor Willson is said to have ordered that a license be granted to Dr. Frank A. Clark, Newport, who was refused a license to practice medicine by the State Board of Health, because, under the law, the school from which Dr. Clark was graduated is not recognized. An appeal was taken to the Governor.

Maryland.

It is reported that Atlantic Medical College, formerly the Southern Homeopathic Medical College, has been suspended, owing to lack of financial support.

Massachusetts.

Dr. F. W. Abbott, of Taunton, appears to be gaining considerable reputation as an expert in medico-legal matters.

The fifty-first annual meeting of the Boston District Eclectic Society convened, January 2, 1911, at the Hotel Lenox. After the annual report of the officers and reports of committees, Dr. W. Clark was elected president for 1911, and Dr. Pitts Edwin Howes was re-elected secrteary.

Michigan.

Dr. Bret. Nottingham, of Lansing, succeeds Dr. J. H. Ball, of Bay City, upon the Board of Medical Registration.

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must be conducted by one especially qualified, and not by any member of the medical faculty. Any disputes arising as to an accredited school or as to the standard of examination for applicants for matriculation shall be referred for settlement to the Iowa State Inspector of Schools."

"2 By 'semester-hour' is meant a subject taken for one hour a week during one semester. This equals from sixteen to eighteen hours of didactic class-room work, or thirty-two to thirty-six or more hours of laboratory work."

Missouri.

A charter was granted December 15, 1910, to M. M. Hamlin, H. H. Helbing, A. F. Stephens, B. J. Wesner and others, for the purpose of establishing and maintaining a medical college and hospital or hospitals in St. Louis. Now to the work.

Dr. Veninger has removed from 1229 Victor to 3407 S. Jefferson Ave., St. Louis.

A bill will be introduced into the General Assembly of Missouri asking for a separate board of examiners. We can see no good reason for the refusal. The osteopaths have succeeded in securing separate boards in about nineteen States, and have secured recognition in others, and are busy looking after their interests.

The Eclectic Medical College of Missouri has lately been chartered under the laws of the State of Missouri for one hundred years, and will probably open its next session in September. The old Eclectic faculty of the American Medical College will have charge.

E. C. Rohrbach has removed from St. Louis to Flat River.

B. F. Reed, of Flat River, has removed to Cedar Rapids, Iowa.

Nebraska.

Dr. Case, of the L. M. C., has charge of the Soldiers' Home at Milford.

Dr. Muir, of the L. M. C., has charge of the Girls' Home at Milford.

Dr. Carothers has located at Mason City.

Dr. Schrock has located at Broken Bow, and Dr. W. McFadden at Chappell.

Dr. R. L. Jones has located at Lincoln, and will teach in his Alma Mater.

Dr. G. D. Hoschenor has located at Panama.

Dr. Townley has removed from Atlanta to Cook.

Dr. Sankey Bacon, a graduate of the L. M. C., 1905, is surgeon on the battleship *Wheeling,* now on a cruise around the world.

Wyoming.

Dr. G. W. Rosborough has formed a partnership with Dr. Wyman, of Cheyenne.

New York.

Dr. and Mrs. Henry Stoerser returned from Europe October 26, 1910. The doctor will resume business at 171 Shaw Ave., Union Course, Long Island.

Dr. Emile Brunor has opened "The White Cross" Hospital at 328 West 137th St., New York.

Dr. Anna Bloomer has removed to 146 W. 79th St.

Young's Hotel, where the National enjoyed its outing, at the 1910 session, was destroyed by fire, November 23, 1910.

George W. Gregg has located at Canadaigua.

The regular monthly meeting of the County Society was held Thursday evening, October 20, President Lloyd presiding. The evening was devoted

to a symposium on "Eclectic Wash." Quite a number participated in the discussion, a full report of which will be printed.

At the November meeting Dr. Harris made his report on the above discussion, which was referred for publication. Dr. P. Mallowitz read a paper on psoriasis. At the December meeting the yearly reports were read by the officers and standing committees. Drs. Chas. Lloyd and H. Harris were respectively re-elected president and secretary.

New Jersey.

The tri-annual meeting of the New Jersey State Eclectic Medical Society was held in the Masonic Lodge Room, "Arcade," Newark, October 18, 1910. The president, Dr. Borden, being absent by reason of sickness, the vice-president, Dr. Tobynne, presided. The meeting was well attended, and several names were addd to the list of membership.

The fourth quarterly meeting was held at the same place December 13, 1910. The meeting was called to order and presided over by Dr. G. C. Young, Dr. Borden being sick. A goodly number of papers were prepared and discussed.

Dr. G. E. Potter has removed to 100 Halsey St., Newark.

Ohio.

At the annual conference of the Ohio State Board of Health with representatives of the local boards, held in Cincinnati, October 20 and 21, papers were read by Drs. Harry W. Behymer, of Mt. Washington, and Charles R. Campbell, of Newtown.

W. W. Carey has removed from Green Spring to 5511 Euclid Avenue, Cleveland.

The last meeting of the Mahoning County, O., Medical Association was held in the room which is sustained by the society in the new library building at Youngstown. The following officers were elected: Silas Schiller, president; J. H. Bennett, vice-president; S. M. McCurdy, secretary; W. D. McCoy, treasurer. Following the election of officers, H. T. Sherman, of Cleveland, spoke on "Medical Libraries." The room maintained by the Mahoning County Medical Society in the Youngstown Library is for the use of the members. It is fitted up with the libraries of Dr. John McCurdy and Dr. Gibson.

Dr. W. Clay Jones fell from a motorcycle, November 7, and fractured the bones of the elbow of the left arm. The next day, November 8, he was elected coroner of Hardin County.

The December meeting of the Dayton society was held at the Academy of Medicine room, December 16. The annual election of officers resulted in the selection of Dr. W. H. Swisher, president; Dr. McCally, vice-president; Dr. J. H. Newcomer, secretary.

The Western Ohio Eclectic Medical Asociation, at its December, 1910, meeting, elected Dr. Guy J. Kent, West Liberty, president; Dr. W. H. Graham, South Charleston, secretary.

At the annual meeting of the Ohio State Board of Medical Registration

and Examination, held in Columbus, January 2, Dr. Sylvester M. Sherman, Columbus, was re-elected president and treasurer; Dr. James A. Duncan, Toledo, vice-president, and Dr. George H. Matson, Columbus, secretary. A resolution was adopted that all applicants for reciprocity certificates must be *bona fide* residents or recent graduates of colleges in States from which the applicants come, and that they must make declaration of their intention to become residents of Ohio.

On December 27 there was held at Columbus the sixth annual meeting of the Ohio Medical Teachers' Association. While the wisdom of the following unanimous resolution may be subject to question, its adoption was facilitated by an eloquent address by President W. A. Thompson, of the Ohio State University, in which he favored the resolution, and dilated on the necessity of raising entrance requirements:

"*Be it Resolved,* That the State Board of Medical Examination and Registration be requested to join the Ohio State Teachers' Association and the Ohio College Association in petitioning the Ohio legislature to pass a law requiring two years of work in a college of liberal arts, this work to include chemistry, physics, biology and a modern language as a preliminary to entrance into a medical college."

The following are the new officers: President, Kennon Dunham, Cincinnati; vice-president, W. H. Inglis, Columbus; secretary, E. R. McKesson, Toledo; treasurer, C. W. McGavran, Columbus. Executive Committee: F. C. Waite, Cleveland; Lyman Watkins, Blanchester; W. H. Staples, Cleveland; G. U. Barnhill, Columbus; E. O. Smith, Cincinnati.

J. H. Burnett has removed from Rising Sun to Fostoria.

E. H. Burnett has located at St. Paris, and J. W. Siddell is located at Kalida.

The Northwestern Ohio Eclectic Medical Association met at Findlay, January 10. A fair number were in attendance, and every essayist on hand and prepared. This is always a fortunate occurrence. The next meeting will be at Lima, April 11, 1911.

The Southwestern Ohio Eclectic Medical Association held an interesting session at Mt. Washington, October 5, 1910. The December meeting was held at Amelia. There was a good attendence. A feature of the program was an illustrated article on "Perineorrhaphy," by Dr. Zwick, the stereopticon being used for that purpose.

Oklahoma.

A combination of all the schools of medicine, aside from the Allopathic has been effected in this State for mutual protection. The new organization is composed of four State medical associations recognized by the Oklahoma law, namely, the Oklahoma Eclectic Medical Association, the Oklahoma Institute of Homeopathy, the Oklahoma Physio-Medical Association, and the Oklahoma Osteopathic Association. The organization has been chartered under the State laws, and permanent officers elected. Resolutions were passed upholding the high standard of the medical profession and protecting the State Board of Examiners from becoming a political machine.

condemning the Owen bill, and the efforts of the Allopaths from establishing a school of medicine in the State University at the expense of the State without recognizing the other schools.

Governor Haskell has appointed Dr. Geo. H. Truax, of Stonewall, member of the State Board of Medical Examiners, to succeed Dr. Hensley Homeopath, resigned. Dr. Truax is President of the Oklahoma State Eclectic Medical Association and physician to the Collins Institute, a Federal school for Indian boys. Dr. Truax is one of the oldest Eclectics in the State, having lived in the Chickasaw Nation for nearly thirty years. This gives the Eclectics two members of the board.

Dr. Frank P. Davis, E. M. U., 1902, Secretary of the State Board of Medical Examiners, has received the appointment as Superintendent of the State Institution for Feeble-Minded. Under a ruling of tthe Attorney-General he holds both positions.

In the campaign before the primaries for the Democratic nomination for Lieutenant-Governor, Dr. Frank P. Davis ran second in the race, receiving 23,465 votes. Dr. Postelle, an Allopath, was in the race, and with all his campaigning only received some 14,000 votes.

Dr. T. L. Noblett, E. M. U., 1902, who has been pastor of the Christian Church in Guthrie for some time, has resigned and will take up the practice of medicine in that city. He has since removed to Perkins.

Rev. Dr. T. L. Noblett, was elected President of the State Association for the Prevention and Cure of Tuberculosis at the October meeting.

Dr. E. G. Sharp, of Guthrie, Secretary of the State Association and Treasurer of the National, has returned from a trip through Europe. He reports a grand time. Dr. Sharp is one of the leading surgeons of the State.

The Oklahoma Physician, of which Frank P. Davis, is editor and publisher, is now for "specific" or direct medication.

Dr. G. H. Stagner, Guthrie, E. M. U., 1903, was elected Secretary of the Oklahoma State Medical Association at the last meeting in October. This association is composed of the State Eclectic, Physio-Medical, Homeopathic and Osteopathic Associations.

Oklahoma needs at least a hundred more real Eclectics.

Oregon.

Dr. H. L. Henderson, a classmate of the editor, was elected Mayor of Astoria, December 14, 1910.

Pennsylvania.

J. T. Lafferty has located at Coraopolis, office in the Beaman Building. A. M. Uphouse is located at Hooversville.

South Dakota.

Dr. H. E. Kellogg, L. M. C., 1910, has entered into partnership with Drs. Daniels and Goldman, of Madison.

Texas.

The twenty-seventh annual convention of the Texas Eclectic Medical Association convened in San Antonio, November 10 and 11, 1910. The sessions

were fairly well attended, but the therapeutic session on Wednesday night was the best. The President's address, by W. R. Fowler, was entitled "The Ideal Physician."

The names of Drs. Daniel, of Honey Grove, and Hudson, of Waco, were by resolution recommended to the Governor for appointment upon the Board of Examination and Registration. Several new members were added. The Texas Association is one of the loyal, energetic societies, and among the first, if not the first, to adopt full affiliation with the National.

Dr. Baker has removed from Alvord to Haskell; Dr. Winer has removed to Honey Grove, R. F. D.; Dr. Yates is now located at Water Valley and L. H. Freedman at Crowell, whilst Dr. Wittee is at Levita.

U. O. Jones has removed from Jefferson, O., to Crystal City, Tex.

Vermont.

Dr. F. H. Godfrey, of Chelsea, has been reappointed by Governor Mead as a member of the State Board of Medical Registration for a term of six years.

West Virginia.

R. V. Lynch has located at Clarksburg, having removed from Meadowbrook.

C. B. Rinehart is resident physician at Haskins Hospital, Wheeling.

A. C. Lambert is located at Wheeling.

MARRIAGES.

George W. Shaffer, M.D., to Miss Anna M. Miller, at Bay Shore, Long Island, July 31, 1910.

OBITUARIES.

Death Rate of Physicians During 1910.—The *Journal of the American Medical Association* reports the death of 2,324 physicians during 1910 in the United States and Canada. The *Journal* remarks: "Reckoning on a conservative estimate of 137,000 physicians, this is equivalent to an annual death rate of 16.96 per 1,000. The age at death varied from twenty-two to ninety-seven, with an average of fifty-nine years, eleven months and four days. The general average since 1902 is fifty-nine years, five months and twenty-eight days. The number of years of practice varied from one to seventy-two years, the average being thirty-two years, eight months and nine days. The general average for the past six years is thirty-one years, five months and twenty-nine days. The chief death causes in the order named were 'heart disease,' cerebral hemorrhage, pneumonia, violence and nephritis."

Austin, Thomas Rhodes, Eclectic Medical Institute, Cincinnati, 1877, at his home near Neosho, Mo., November 12, 1910, aged sixty-nine.

Atwood, Alonzo, at Middlefield, O., April 9, 1910, aged eighty.

Bacon, Benjamin Bently, Eclectic Medical Institue, Cincinnati, 1858, at

the home of his son in Leavenworth, Kan., December 9, 1910, aged eighty-five.

Blackwell, Garrett Beverly, Eclectic Medical Institute, Cincinnati, 1885, of Scott's Mills, Ore., aged fifty-five.

Burgtorf, Theodore Rudolph, Eclectic Medical College of the City of New York, 1891, at his home in New York, November 14, 1910, aged fifty-five.

Cooper, William E., Eclectic Medical Institute, Cincinnati, 1867, at Kokomo, Ind., September 17, 1910, aged seventy-one.

Conklin, Abraham Virgil, Eclectic Medical Institute, Cincinnati, 1860, at his home in Delaware, O., October 28, 1910, aged seventy-seven.

Dickens, Job Byron Marcus, Eclectic Medical College of the City of New York, 1876, at his home in Newburyport, Mass., December 3, 1910, aged sixty-five.

Foreman, Austin W., American Medical College, St. Louis, Mo., 1878, in St. John's Hospital, Springfield, Mo., December 18, 1910, aged fifty-five.

Green, Milbury, at his home in Burr, Mass., January 8, 1911.

Griffith, Orris Kingsbury, Eclectic Medical Institute, Cincinnati, 1861, at Huntley, Ill., September 24, 1910, aged seventy-four.

Hennell, M. H., Eclectic Medical Institute, Cincinnati, at Asheville, N. C., January 8, 1911, of tubercular meningitis.

Hill, Chas. E., Syracuse, N. Y., Medical College, 1850, at his home in North Syracuse, October 11, 1910, aged eighty-five.

Hubbard, William Alley, Eclectic Medical College of Pennsylvania, Philadelphia, 1876, at his home in Boston, Mass., October 22, 1909, aged sixty-six.

Kelly, Linn Archibald, Bennett Medical College, Chicago, Ill., 1869, at his home, November 24, 1910, aged sixty-five.

Martin, Samuel E., Eclectic Medical Institute, Cincinnati, 1852, at his home in Topeka, Kan., December 8, 1910, aged eighty-four.

Maynard, Charles Stuart, Eclectic Medical Institute, Cincinnati, 1859, at his home in Paw Paw, Mich., December 28, 1910, aged fifty.

Meador, Elsa M., Eclectic Medical Institute, Cincinnati, 1887, at Bowling Green, Ky., December 14, 1910, aged fifty.

Miles, William Edward, Eclectic Medical Institute, Cincinnati, 1884, at his home in Webb City, Mo., October 30, 1910, aged fifty-six.

O'Bannon, Andrew Jackson, Eclectic Medical Institute, Cincinnati, 1876, at his home in Elizaville, Ky., aged sixty-nine.

Perine, Oscar Augustus, Eclectic Medical College of the City of New York, 1888, at his home in Brooklyn, N. Y., December 23, 1910, aged forty-five.

Phillips, Crawford E., Bennett Medical College, Chicago, Ill., 1886, at the home of his son in Scotts Mills, Ore., September 17, 1910, aged fifty-seven.

Poling, Samuel K., Eclectic Medical Institute, Cincinnati, 1876, at his home in Bryant, Ind., July 12, 1909, aged sixty-eight.

Rochelle, Homer L., Western Eclectic Medical College of Medicine and Surgery, Kansas City, Kan., 1908, at Hot Springs, Ark., November 23, 1910, aged forty-eight.

Taylor, Joseph L., Eclectic Medical Institute Cincinnati, 1860, at his home in Logansport, Ind., November 13, 1910, aged seventy-one.

Tennell, James B., Eclectic College of Physicians and Surgeons, Indianapolis, 1893, of Piqua, O., in Logansport, Ind., December 31, 1910, aged seventy-seven.

Van Natem, Robert E., Eclectic Medical College of Philadelphia, 1863, at his home in Cooperstown, Pa., December 4, 1910, aged seventy.

Vigor, Henry, Eclectic Medical Institute, Cincinnati, 1870, at his home in Brandon, O., December 11, 1910, aged eighty-nine.

Watson, John S., Bennett Medical College, Chicago, 1875, at Minooka, Ill., December 9, 1910., aged sixty-five.

Watson, David Sanford, Reform Medical College of Macon, Ga., 1860, at his home near Anderson, S. C., April 19, 1909, aged seventy-nine.

White, Cyrus B., Eclectic Medical Institute, Cincinnati, 1878, at Fitzgerald, Ga., September 29, 1910, aged seventy-one.

BOOK REVIEWS.

The Testimony of the Clinic.. By E. B. Nash, M.D., 209 pages. Cloth, $1.50; postage, six cents. Philadelphia: Boericke & Tafel, 1910.

The object of this little work is, as its name implies, to furnish proof as to the truth of its Homeopathic system of therapeutics. The author has first selected his remedy, then applied it to the symptomatology of the disease. For instance, the first remedy selected is "apis mel." He then cites cases of diphtheria, tonsillitis, typhoid fever, and other diseases indicating the symptomatology calling for apis. Thus our author considers several remedies. It is better to have a few remedies well studied than a host imperfectly understood. M.

Leucorrhea and Other Varieties of Gynecological Catarrh. A Treatise on the Catarrhal Affections of the Genital Canal of Women: Their Medical and Surgical Treatment. By Homer Irvin Ostrom, M.D. 179 pages. Cloth, $1.00; postage, six cents. Philadelphia: Boericke & Tafel, 1910.

It is often refreshing to read a work touching upon "Diseases of Women" that is not wholly surgical. It is true we look upon "leucorrhea" as being but a symptom rather than a disease, yet it is often necessary to know how to treat that symptom intelligently. This little book tells us how. Chapter IV is devoted to therapeutic suggestions, whilst the second part of the chapter is a repertory. M.

Gynecological Diagnosis. By Walter L. Burrage, A.M., M.D,. (Harv.), Clinical Instructor in Gynecology, Harvard University and Instructor in Operative Gynecology in the Boston Polyclinics. With 207 text illustrations. D. Appleton & Co., New York and London.

Correct diagnosis has been said to be the mark of an erudite physician.

It is practically the key to prognosis and proper treatment. The author writes from a clinical standpoint, purposely omitting the pathological and bacteriological methods of procedure to those trained in the laboratory.

Particular attention is paid to the diagnosis of diseases of the bladder and rectum, and a chapter on diseases of the breast included, the breasts having an intimate relationship with the uterine organs. The last chapter is devoted to a consideration of the menopause and old age. This chapter proved to be quite interesting to the reviewer.

To any desiring to attain proficiency, method and exactness in gynecological diagnosis, we heartily commend this work. M.

Four Epochs in Life. A Story Dealing with Vital Facts. By Elizabeth Hamilton-Muncie, M.D., Brooklyn, N. Y. Greaves Publishing Company, Tribune Building, New York City.

This little book deals with the story of sex and generation in a most intelligent and commendable manner. Unfortunately for our girls, all mothers are not Dr. Ruths nor our fathers Dr. Lyons. If they were, much of the misfortunes and miseries of life would be forestalled.

The book deals with the vexed problem in the form of a story, and it is so nicely and discreetly told that it could be placed in the hands of any intelligent miss. We could not help, whilst reading it, but make a mental comparison between the methods employed by our author in telling the mysteries of creation, sex and its attendant problems, with the methods employed in telling this same story by others. The book deals with the knowledge which is essential to the physical well-being of our boys and girls, without an atom of vulgarity which is so often used by those writing or lecturing upon this same subject. We wish it could be placed in the hands of our fathers and mothers. M.

Contagious, Constitutional and Blood Diseases. By A. L. Blackwood, M.D., Professor of Clinical Medicine and Materia Medica in the Hahnemann College and Hospital, Chicago; Author of "A Manual of Materia Medica, Therapeutics and Pharmacology," "Diseases of the Heart," "Diseases of the Lungs," "Diseases of the Liver, Pancreas and Ductless Glands," "The Food Tract and its Ailments" and "Diseases of the Peritoneum." 367 pages. Cloth, $1.75, postage 10c. Philadelphia: Boericke & Tafel, 1910.

The work, with one more to follow, will complete the author's plan for a treatise in six parts on "Internal Medicine." In this work the etiology and pathology of each disease has been considered, as well as the symptoms and diagnosis, but more attention has been given to the treatment, both prophylactic and medicinal. We are pleased with the arrangement with which the differential diagnosis is noted, and especially with the amount of space devoted to the treatment of the various diseases. Whilst pathology and bacteriology are a necessity, the essential factor after all is the treatment. We commend this small work to the student and practitioner, especially on ac-

count of its therapeutics, which has been made an especial feature, though other matters have not been neglected by any means. M.

Confidence Talks with a Young Girl Concerning Herself. By Ruth B. Lowry, M.D. Forbes & Company, Chicago. Cloth, 50c. postpaid.

The object of this book, as told in the preface, is to aid mothers in giving the necessary instruction to their daughters. It is hoped it will form a basis of a closer intimacy between mother and daughter, and so forestall that which might be given in a different spirit by the girl's companions. The conversational plan is adopted, and the story is told in a plain way, such as would be pursued by a mother in talking to her girl; and who can unfold the mysteries of sex to her better than the mother? To those who feel unable to do so, we commend this little book on "confidences." M.

Pocket Essentials of Modern Materia Medica and Therapeutics. By John William Fyfe, M.D., with a Formulary by George W. Boskowitz, M.D. The Scudder Bros. Company, Cincinnati. Leather, $2.00.

This edition of therapeutics is of practical value, as it enables one who is busy to gain working knowledge of therapeutics, and in a most practical manner.

In the consideration of each drug, the common name, natural order, part used, description, dose, usual prescription and indications are given. In the latter part of the book, poisons and their antidotes, tables of weights and measures are given, and the last part contains the "Formulary of the Eclectic College Free Dispensary," compiled by George W. Boskowitz, M.D.

The author is well known to readers of Eclectic literature, which fact is a sufficient guarantee of the value of the book. M.

OPEN LETTER TO ECLECTICS.

In view of the importance of the next meeting of the National Eclectic Medical Association, it behooves every Eclectic to begin early and make preparation to attend the meeting in June.

The location is central and ought to draw a big crowd. Our Kentucky and Southern friends are showing great interest and doing everything possible to make the meeting in Louisville a success.

The program is already outlined and contains some new and attractive features. There will be an evening devoted to publicity and the public invited to hear some good music and the doctrine of Eclecticism expounded by able speakers. A number of extemporaneous speeches will also be made by prominent men, in convention, during the day, which will give variety to the program.

The movement for reorganization has awakened a new interest, and aroused a feeling that the spirit of medical freedom and independence, for which our forefathers fought, is still alive and worth preserving. If the

attendance is as large as the indications promise, the convention will be a notable gathering and give the cause such a boost that its inspiring influence will be felt for many years to come.

The present time is a crisis in Eclecticism, and it is a serious question with some whether it will continue to grow, or is destined to retrograde and die. Fortunately, all the signs portend that it will not only live, but has already taken a new lease of life. It has not yet, however, accomplished the whole mission on which it started out, nor reached its full measure of usefulness. The work which Eclecticism has done is not equalled by anything that has ever occurred in the history of medicine, but it is yet incomplete and must go on to a finish.

The process that is now in progress of changing over from the old to the new requires time, wisdom and patience. Misunderstandings and differences of opinions are possible and ever liable to happen, but when they do occur must be amicably settled, that harmony may prevail. Every loyal Eclectic should assist in the work of reconstruction by ignoring all personal and selfish ends and working only for the common good.

Let every Eclectic hear the tocsin call to duty, and respond promptly with earnest heart and willing mind to help perform the duty that confronts us.

If every man will honestly and faithfully do his part, there can be no failure

J. A. MUNK, M.D., *President.*

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W. R. Ruble, Smith's Grove, Ky.
(Assisted by the members of the Kentucky Eclectic Medical Association.)

PRESS COMMITTEE.

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COMMITTEE ON REGISTRATION.

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A. F. Stephens, St. Louis, Mo. W. E. Kinnett, Peoria, Ill.

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OUTLINE OF PROGRAM.

TUESDAY, JUNE 20, 10 A.M.

Invocation by Rev. ———.
Address of Welcome to the State. Hon. A. E. Willson, Governor of Kentucky.
Response by the President, J. A. Munk, Los Angeles, Cal.
Address of Welcome to the City of Louisville, by the Mayor, Hon. ———.
Response by G. T. Fuller, Mayfield, Ky.
Address of Welcome on behalf of the Kentucky Eclectic Medical Association. Lee Strouse, Covington, Ky.
Response by Florence Tippet Truax, Atlanta, Ga.

TUESDAY, 2 P.M.

President's Address.
Section on Materia Medica and Therapeutics.—Chairman, Pitts Edwin Howes, Boston, Mass.; Vice-Chairman, W. S. Glenn, State College, Pa.; Secretary, O. P. Massinger, Bridgeport, Conn.

WEDNESDAY, JUNE 21, 10 A.M.

Address by A. F. Stephens, St. Louis, Mo.
Section on the Practice of Medicine.—Chairman, H. F. Webster, Oakland, Cal.; Vice-Chairman, John Fearn, Oakland, Cal.; Secretary, Q. A. R. Holton, Whittier, Cal.

WEDNESDAY, 2 P.M.

Address by J. T. Sibley, Brooklyn, N. Y.
Section on Surgery.—Chairman, F. L. Wilmeth, Lincoln, Neb.; Vice-Chairman, E. J. Latta, Kenesaw, Neb.; Secretary, B. E. Dawson, Kansas City, Mo.

THURSDAY, JUNE 22, 10 A.M.

Address by L. A. Perce, Long Beach, Cal.
Section on Obstetrics.—Chairman, J. B. Davis, Pontiac, Ill.; Vice-Chairman, H. S. Lowrance, Chebanse, Ill.; Secretary, W. N. Holmes, Nashville, Tenn.

THURSDAY, 2 P.M.

Address by W. N. Mundy, Forest, O.
Section on Gynecology.—Chairman, John Perrins, Boston, Mass.; Vice-Chairman, N. L. Allen, Boston, Mass.; Secretary, E. H. King, Saratoga Springs, N. Y.

FRIDAY, JUNE 23, 10 A.M.

Address by W. P. Best, Indianapolis, Ind.
Section on Pediatrics.—Chairman, Florence Tippet Truax, Atlanta, Ga.; Vice-Chairman, F. C. Haney, Watertown, Wis.; Secretary, M. E. Daniel, Honey Grove, Tex.

WEDNESDAY NIGHT, PUBLIC MEETING, 8 P.M.

Speakers: George W. Boskowitz, New York City; Finley Ellingwood, Chicago, Ill.; John Uri Lloyd, Cincinnati, O.

NOTE.—This is an outline of the program of the next annual meeting at Louisville, Ky. (Seelbach Hotel), June 20-23, 1911. Further details in the June QUARTERLY. Correspond immediately with the chairman or secretary of the section in which you will prepare a paper, and give him your susbject.

NEW APPLICATIONS FOR MEMBERSHIP.—To be voted on at the annual meeting, June 20, at Louisville, Ky:

CALIFORNIA.

Barbrick, J. F., Los Angeles.
Holton, Q. A. R., Whittier.
Newton, Oran, Long Beach.
Webley, F. D., Santa Cruz.

COLORADO.

Angus, G. A., Eaton.
Halley, J. M., Denver.
Quick, S. T., Ft. Collins.
Stanton, L. E., Sterling.
Yager, Wm. S., Denver.

CONNECTICUT.

Markham, E. A., Durham.

IDAHO.

Barton, Clark A., Payette.

KANSAS.

Gormley, J. N., Kansas City.
Scott, Millie E., Kansas City.
Leighton, O. L., Kansas City.

OHIO.

Bloom, J. H., Youngstown.
Cheney, W. G., New Boston.
Jones, U. O., West Jefferson.
Fritz, J. H., West Alexandria.
Goode, S. G., Sidney.
Mercer, E. H., Grand Rapids.
Kemper, P. A., Germantown.
Schneerer, F. W., Norwalk.
Swett, G. D., Albany.
Werner, W. L., Leipsic.

OKLAHOMA.

Jones, H. O., Elk City.

OPEN LETTER TO TEXAS ECLECTICS.

Dear Doctor:—Since the time for our annual meeting has been changed from fall to spring, thus placing it during the most healthy season of the year, and at a time when, after winter's labors, a vacation is most welcome, we have every reason to believe that the banner meeting of our association will take place in Waco in the spring of 1911. The time will be right, the rates will be right, the place will be right.

The feature of the meeting will be practicability. Eclectics justly claim superiority in therapeutics, and this will be a *therapeutic* meeting. There will be no assignment of subjects, but the papers will be short, practical, interesting and instructive. The good in Eclectic therapeutics will be brought out. It is to be a meeting in which *all* present will take part, and every one will be enthused.

Papers on "Practice," as usually presented, become monotonous, because, as a rule, they are text-book repetitions and lack that individuality that gives an article real spice. We are going to avoid technical papers, Each writer will select the subject for his article from his own work in active practice, thus making it a subject of real interest, well seasoned by individuality. I am counting upon you, doctor, to prepare for the Association such a paper. Just a short paper on some case which has been of special interest to you in your practice, with the only request that you limit your-

self to the presentation of symptoms, diagnosis and treatment, if possible, and hold in view the special purposes of demonstrating the therapeutic action of some one drug or of stimulating enthusiastic discussion. Each paper will be discussed by at least one present who will be called upon, and all else who will volunteer. We are thus bound to create an interest that will more than repay your coming. You will also be called upon for a therapeutic fact—a feature of special interest and value at our last meeting.

Now, doctor, don't forget the short paper, the therapeutic fact and a decision *now* to be present at Waco in the spring. In the meanwhile let each one of us repeatedly ask himself the question, "If I, an Eclectic, do not attend *my* meeting, and the other fellow shouldn't either, what would become of Texas Eclecticism?" Every last one of us owes that much each year to the cause we represent; pride demands it, and we can maintain the standing which we justly deserve in Texas only by such unity of action.

Doctor, send me the subject of your choice as soon as you can, and don't fail to write the article simply because you may lack the moments to give it literary polish. Remember that the biggest of nuggets and the choicest of diamonds are found mixed with the dirt. It's facts we want. We know you've got them, and we ask that you let us share them with you.

The time of meeting, etc., will be announced later.

Yours fraternally,

Fort Worth. M. F. BETTENCOURT, *President.*

P. S.—Doctor, should you receive a copy of this letter, you will know that *you* are one of those who will be depended upon for an article. If you are not a member, come and join.

Society Calendar.

1. National Eclectic Medical Association.—President, J. A. Munk, Los Angeles, Cal.; Secretary, Wm. P. Best, Indianapolis, Ind. Louisville, Ky., June 20-23, 1911.

2. Arkansas Eclectic Medical Society.—President, C. L. Laws, Ft. Smith; Secretary, Robert L. Smith, Russellville. Little Rock, May, 1911.

3. Boston District Eclectic Medical Association.—President, W. Clarke; Secretary, Pitts Edwin Howes. Monthly excepting July and August.

4. California Eclectic Medical Society.—President, John Fearn, Oakland; Secretary, J. P. Dougal, Los Angeles. San Francisco, May, 23, 24, 25, 1911.

5. Chicago Eclectic Medical and Surgical Society. Monthly.

6. Colorado Eclectic Medical Society.—President, J. A. Dungan, Greely, Secretary, G. H. Candlin, Eaton. Denver, June, 1911.

7. Connecticut Eclectic Medical Association.—President, O. L. Massinger, Bridgeport; Secretary, T. S. Hodge, Torrington. Semi-annually. May, 1912, Waterbury.

Dayton Eclectic Medical Society.—President, W. H. Swisher, Dayton; Secretary, J. C. Newcome, Dayton. Quarterly.

9. Eclectic Medical Society of the City and County of New York.—President, Charles Lloyd; Secretary, H. Harris. Third Tuesday of each month.

10. Florida Eclectic Medical Society.

11. Fort Wayne Eclectic Medical Society.—President, G. A. Barry; Secretary, J. E. Morris. Monthly.

12. Georgia Eclectic Medical Association.—President, R. M. Moore, Waleska; Secretary, George A. Doss, 612 Anstell Bldg., Atlanta. Atlanta, April 12-13, 1911.

13. Illinois Eclectic Medical Society.—President, H. S. Lowrance, Chebanse; Secretary, Wm. E. Kinnett, Peoria. Springfield, 1911.

14. Indiana Eclectic Medical Association.—President, C. A. Tindall, Shelbyville; Secretary, J. D. McCann, Monticello. Shelbyville, May 16-17, 1911.

15. Iowa Eclectic Medical Society.—President, L. E. Eslick, Rockwell City; Secretary, B. C. Minkler, Des Moines. Des Moines, May 10-11, 1911.

16. Kansas Eclectic Medical Association.—President, P. L. Jones, Lenexa; Secretary, O. C. Baird, Chanute. Kansas City, 1911.

17. Kentucky Eclectic Medical Society.—President, R. T. Rudd, Fulton; Secretary, Lee Strouse, Covington. Louisville, June 19, 1911.

18. Kings County Eclectic Medical Society.— President, Theodore Adlermann, Secretary, A. W. Wolf.

19. Los Angeles County Eclectic Medical Society.—President, J. F. Barbrick, Los Angeles; Secretary, P. M. Welbourn, Los Angeles.

20. Maine Eclectic Medical Society.—President, F. W. Abbott, Taunton, Mass.; Secretary, S. A. Abbott, Taunton, Mass. Portland, May, 1911.

21. Massachusetts Eclectic Medical Society.—President, C. Edwin Miles, Boston; Secretary, Pitts Edwin Howes, Boston. Boston, June, 1911.

22. Michigan Eclectic Medical Society.—President, C. H. Murphy, Perry; Secretary, J. E. G. Waddington, Detroit. Lansing, June, 1911.

23. Missouri Eclectic Medical Society.— President, C. G. McKinley, Jamesport; Secretary, Emmett F. Cook, St. Joseph. Kansas City, May, 1911.

24. Minnesota Eclectic Medical Society.

25. Missouri Valley Eclectic Medical Association.—Secretary, John C. Story, St. Joseph.

26. Nebraska Eclectic Medical Society.— President, J. R. Gray, Osceola; Secretary, S. J. Stewart, Kenesaw. Lincoln, May 9-11, 1911.

27. New England Eclectic Medical Association.—President, Thos. Mulligan, New Britain, Conn.; Secretary, F. W. Abbott, Taunton, Mass. Boston, June 21-24, 1911.

28. New Hampshire Eclectic Medical Society.—President, W. H. True, Laconia; Secretary, Lillian Bullock, Manchester.

29. Northeastern Ohio Eclectic Medical Association.—President, F. W. Schneerer, Norwalk; Secretary, J. D. Dodge, Collinwood. Quarterly.

30. Northwestern Ohio Eclectic Medical Association.—President, R. V. Dickey, Lima; Secretary, J. J. Sutter, Bluffton. Quarterly.

31. New Jersey Eclectic Medical Society.—President, D. P. Borden, Paterson; Secretary, G. E. Potter, Newark.

32. New York Eclectic Medical Society.—President, C. W. Brandenburg, New York City; Secretary, Earl H. King, Saratoga Springs. Albany, March 29-30, 1911.

33. New York Specific Medication Club.—James Moran, Secretary, Monthly.

34. Northeastern Indiana Eclectic Medical Society.—President, F. M. Baldwin, Marion; Secretary, W. F. Smith, Huntington. Quarterly.

35. Ohio Central Eclectic Medical Society.—President, R. B. Taylor, Columbus; Secretary, J. G. Sherman, Columbus. Quarterly.

36. Ohio Eclectic Medical Association.—President, C. W. Russell, Springfield; Secretary, W. N. Mundy, Forest. July 18-20, at Cedar Point.

37. Oklahoma Eclectic Medical Society.—President, G. H. Truax, Stonewall; Secretary, E. G. Sharp, Guthrie. Oklahoma City, May, 1911.

38. Oregon Eclectic Medical Association.—Secretary, Byron E. Miller.

39. Pennsylvania Eclectic Medical Association.—President W. O. Keffer, Frugality; Secretary, E. F. Shaulis, Indiana. Harrisburg, May, 1911.

40. South Dakota Eclectic Medical Society.—President, W. E. Daniels, Madison; Secretary, J. C. Greenfield, Avon. Mitchell, June, 1911.

41. Southern California Eclectic Medical Association.—President Q. A. R. Holton, Whittier; Secretary, M. Blanche Bolton, San Pedro.

42. Southwestern Ohio Eclectic Medical Association.—President, O. P. McHenry, Hamilton; Secretary, J. L. Payne, Cincinnati. Bi-monthly.

43. Tennessee Eclectic Medical Society.—President, W. N. Holmes; Secretary, B. L. Simmons, Granville. Nashville, May 9-10, 1911.

44. Texas Eclectic Medical Association.—President, M. F. Bettencourt, Ft. Worth; Secretary, H. H. Blankmeyer, Aransas Pass. Next meeting in Waco, May, 1911.

45. Vermont Eclectic Medical Association.—President, H. B. Cushman, East Charleston; Secretary, P. L. Templeton, Montpelier.

46. Washington Eclectic Medical Association.—President, T. J. Pierson, Tacoma; Secretary, N. M. Cook, Seattle.

47. Western Ohio Eclectic Medical Association.—President, G. W. Reichard, Springfield; Secretary, Guy J. Kent, West Liberty. Quarterly.

48. West Virginia Eclectic Medical Association.—President, Allen Bush, Morgantown; Secretary, W. B. Hartwig, Wileyville. Clarksburg, 1911.

49. Wisconsin Eclectic Medical Society.—President, Ira Fay Thompson, Reedsburg; Secretary, F. C. Haney, Milwaukee. Devil's Lake, June, 1911.

The lower arrows point to cavities filled with amalgam, the upper one to screw.

THE NATIONAL
ECLECTIC MEDICAL ASSOCIATION
QUARTERLY

VOLUME II. CINCINNATI, JUNE, 1911. NUMBER 4.

PERIPHERAL OPERATION FOR CURE OF TIC DOULOUREUX.

A. S. McKITTRICK, M.D., KENTON, O.

Tic douloureux is an intractable form of facial neuralgia. The pathology is obscure, but is thought to be a peripheral ascending neuritis. The pain is paroxysmal and most severe in character. The attacks may be precipitated by talking, eating, or the slightest touch, etc. At the beginning this is almost always mistaken for ordinary neuralgia, but the milder form is usually traceable to some definite source of irritation, as a diseased tooth or an error of refraction, and is relieved by removal of the offending cause.

Dr. Abbe opened the cranium and interposed rubber tissue at the foramen to prevent the regeneration of the diseased nerve trunks, which proved very successful. Dr. C. H. Mayo was the first to use silver screws in the foramina.

The accompanying X-ray shows a case that had had about all the changes rung on him in the way of operation for this most painful affection. He had his external carotid arteries tied, his teeth extracted, an eminent New York M.D. had an oculist provide him with glasses, the nerves had been resected and alcohol had been injected, but no permanent relief, of course. Some of these measures had given no relief whatever. He had perfect relief after avulsing the nerves by the Thiersch method and occluding the canal with screws or amalgam.

The nerve is grasped by a pair of hemostatic forceps and twisted slowly at the rate of one turn in thirty seconds. I usually rotate one way and then reverse and rotate it the other. A line drawn from the supraorbital notch to between the two lower bicuspid teeth will intersect the infraorbital and mental foramina. An incision an inch long was made over the infraorbital foramen and the nerve removed by the Thiersch method, after which a rather long screw was put in by means of a screwdriver.

The inferior dental nerve is exposed by making a semicircular incision around the angle of the jaw, and by means of a small chisel a portion of the bone is cut away, exposing the nerve, which is avulsed according to the Thiersch method. Then I had a dentist, Dr. Burger, fill the canal with amalgam. The wounds were closed with skin clamps.

The lingual nerve is readily felt by passing the finger along the floor of the mouth. I made an incision through the mucous membrane and picked the nerve upon a hook and twisted it out, as before described. The operation has entirely relieved the patient.

LIFE; ITS CREATION AND MAINTENANCE. A THEORY BASED UPON A NEW CHEMICAL HYPOTHESIS.

Max Meyer, M.D., Ph.D., New York.

It is well known that many chemical elements exist in the free state and appear to be inactive. Some of them combine either slowly (O) or not at all (N, S) with their surroundings, but close observation reveals that the latter develop great energy as soon as they come in contact with other elements. For instance, nitrogen, one of the most inactive elements, forms the most dangerous compounds we know of.

We can safely say that "the more inactive an element is in its free state, the more active it becomes when it combines with other elements." In the free state all elements are highly energetic, possessing the greatest force which makes them fit to unite with other suitable elements to form chemical compounds.

When an element is in the free state and is isolated, it is not necessarily inactive, but a constant attraction between the like atoms takes place, which in course of time condense and thereby liberate heat, with the final result that activity ceases and a self-union, so to speak, remains. As an example, O remains in this condition as long as it is inactive. Should it become active again, we must add to it that amount of energy which it has lost during condensation. We see this process going on in the red blood cells during respiration. If O has combined with other elements to form a compound, it has also lost by this union its activity, and to restore the latter we must add so much energy by the way of electricity, heat or other means as the element has lost. For instance, when we have separated water into its constituents and collect the elements in separate vessels, we will see that each element begins to condense, and we can mix them without fearing that they will unite with each other; hence they have become inactive by condensation. From the foregoing we may deduct:

1. An element cannot remain inactive in the *statu nascendi,* but must combine either with suitable other elements or condense (crystallize) in itself, and thereby liberate the inherent energy which sets free heat, light or electricity, and by so doing becomes inactive.

2. Every isolated element is in a condensed (crystallized) state, and consequently inactive. In order to make it active again it is necessary to add the same amount of energy which it has lost by passing from the *statu nascendi* into the state of condensation (crystallization).

It is universally accepted that not every element has the same amount of energy. O has more than H, N more than both, and this natural and inherent force is termed "chemical affinity." Hence an element is the more powerful the more affinities it possesses, and consequently the condensation is stronger in the multivalent elements. This explains the great inactivity of C and N in the isolated state, because they have used up all of their energy during condensation, becoming the most inactive elements in the isolated state we know of.

Some elements in the process of combining with other elements use up all of their energy and then remain totally inactive, as, for instance, O and H in the formation of water, Na and Cl in table salt. In both examples the elements have mutually attracted each other with their affinities; the impact was so violent that they have used up all their energy, which causes the resulting compound to remain henceforth inactive. No secondary change can take place any more, and they must remain forever what they have been, namely, water and table salt. They cannot become more active or inactive, because their forces have been used up and in consequence are latent or dead. Of course, not all inorganic compounds remain lifeless. Some of them are highly active, but this activity is not produced by the elements of which the new compound is formed, but by the new combination itself, in which we cannot recognize any more the constituents from which it is derived; for instance, in water O or H, in table salt Cl or Na. If several inorganic elements meet each other, it depends upon their mutual chemical affinity whether the new compound remains active or not (Na_2SO_4, H_2SO_4, NH_4OH).

When there is a very great affinity between the elements of the new compound, it is evident that it must be stable, whereas if this is not the case it breaks up and in medium strong attractions reaches after years the highest degree of inactivity. An example of the latter we see in waterglass, which when freshly made is liquid, but crystallizes out afterwards, even when hermetically sealed up to prevent evaporation.

Very distinctly we notice these properties in the C compounds. Combinations of C with O, viz., CO and CO_2 unite rapidly, but all other C unions are formed slowly and without heat or light phenomena, hence are never complete in the first moment. The more C atoms unite with other elements, the slower and the more incomplete the new compound is in the beginning.

Chemistry knows a multitude of compounds which are either saturated, unsaturated or supersaturated. Generally the saturated compounds are the most inactive (NaCl, H_2O, Na_2SO_4), for the reason that all the affinities of the component elements are totally tied up, *i.e.*, they have expended their energy and become powerless, hence inactive or devoid of the force to attract. The reverse must be found in the unsaturated compounds, and even more in the supersaturated ones. The latter have been compelled to take up one or more equivalents, which they are unable to retain; consequently the least provocation, be it a slight concussion or the addition of a suitable element, is sufficient to cause decomposition. The additional atom or atoms possess such a degree of power that the whole compound is brought back to the original lability as if it were in the free state (H_2O_2, $KMnO_4$ $C_3H_5(NO_3)_2$).

In the unsaturated compounds the atoms of the elements act in a dual way; their components are mostly multivalent and possess several affinities, some of which are united and some free. The free affinities must naturally remain active and their force of attraction equivalent to their number, but they cannot retain their energy in this free state; either they must condense

in themselves or combine with affinities of other elements, *i.e.*, in the latter they must be of the opposite polarity, in the former of the same.

In the unsaturated compound we see, then, that an attraction exists between the own atoms of the component elements on one hand, and on the other the desire to attract other elements with free affinities; hence in a non-saturated compound we have a tidal wave, a constant motion of the components which cannot come to rest, and this shows us that "motion or life is an eternal battle between the free and the saturated affinities of a non-saturated chemical compound." In consequence, most life must be found in those non-saturated compounds which have the greatest number of multivalent inactive elements. N and C, for example, are the most inactive elements in the free state. They possess a great number of affinities; therefore in their complicated unsaturated compounds the greatest amount of life must exist. This is quite different in the simple compounds of N and C, because a high degree of force is necessary to pass from the inactive into the active state; hence no attraction for the external atoms remains.

Elements possess a peculiar characteristic towards the terminals of an electric battery. We see that some group around the cathodal, others around

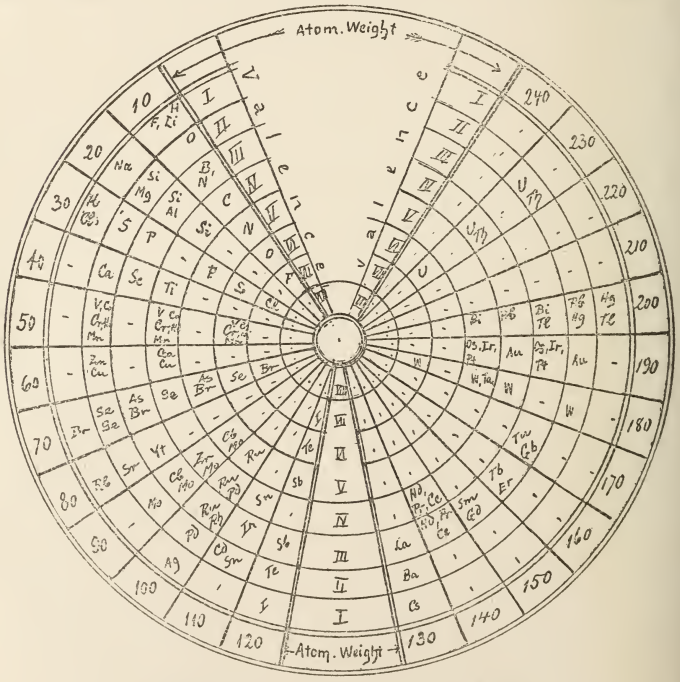

TABLE I.—Elements, valency and atomic weight.

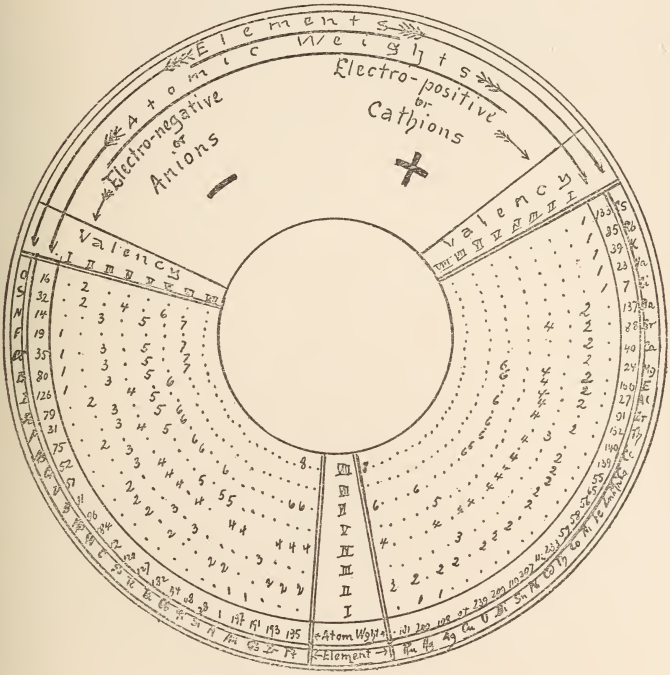

TABLE II—Electric Properties of elements.

the anodal end; hence we distinguish cathions and anions, or electro-positive and electro-negative elements; the former belong to the metallic, the latter to the non-metallic group. But we cannot say that one element is absolutely positive or negative, and we find in the preceding tables an extreme positive and an extreme negative.

The elements which lie between these extremes have the polarity according to their situation; for instance, S is more — than C and *vice versa;* C more + than S; again Ca is more + than Fe, etc. It shows that in any combination the components must be different in polarity.

The dualistic and seemingly contradictory behavior of some elements can be explained by comparing their chemical affinity to a magnetic bar, which has a + and a — terminal, blending in the center so finely together that it is impossible to determine the point where the + side ceases and the — begins. We suppose that every affinity is composed of a + and a — end, and it is simply the arrangement in the atom which polarity or polarities are prevalent. In multivalent elements this alternate attraction of a + end of an affinity to the — end of another affinity of the same atom is also ap-

parent, and in the dualistic elements the attraction, whether + or —, depends upon the attracting second element.

In the following table we have tried to illustrate the above.

Magnet Needle.	Magnet on Water.	Figure in Sketch.	Val.
			1
			2
			3
			4
			5
			6
			7
			8

Table III.

In column 1 we see that each affinity is represented by a magnet-needle pointing always to one direction.

The outer circle denotes the external attraction (the attraction proper); the inner circle shows the internal force and also illustrates the alternations of the polarities.

In the second column a representation is given of magnets floating freely upon water and acquiring actually the figures which are given. It might also be observed that the two polarities change alternately, for instance, in the hexivalent, in which we have three inside and three outside, and in the pentivalent, in which we have three outside and two inside. These polarities can be either + or —, as the case may be. In the third column the positive

side is denoted by a + and the negative by a *. This arrangement was necessary for an intelligible illustration.

The experiments were made with steel needles kept afloat by bits of cork, and conform with those made by Kerr, who took steel balls which, after having been magnetized, were floated upon mercury, and acquired the figures represented in the sketch.

Now let us count the polarities:

TABLE IV.

VALENT — AND + OUTSIDE; + AND — INSIDE.

1 valent = H dualistic (generally + only in R —)													
1	1	—	—	1	+	(there is no inner or outer)							
2	2	—	"	—	—	outside	*	2	+	—	—	—	inside
3	2	—	"	1	+	outside	*	2	+	and	1	—	inside
4	2	—	"	2	+	outside	*	2	+	"	2	—	inside
5	3	—	"	2	+	outside	*	3	+	"	2	—	inside
6	3	—	"	3	+	outside	*	3	+	"	3	—	inside
7	4	—	"	3	+	outside	*	4	+	"	3	—	inside
8	4	—	"	4	+	outside	*	4	+	"	4	—	inside

TABLE V.

1 valent = Cl, Br, I, F.....	= 1	—	outside;						Non-Metallics.
2 valent = O	= 2	—	"	;					
3 valent = B	= 2	—	"	;	1	+	inside		
4 valent = C, Se, Si	= 2	—	"	;	2	+	"		
5 valent = N, P, As	= 2	—	"	;	2	+	"		
6 valent = S, Te.....	= 3	—	"	;	3	+	"		
7 valent = N, Cl.....	= 3	—	"	;	3	+	"		
8 valent = ...	= ..	—	"	;	..	+	"		
1 valent = Cs, L, K, Bb, Ag, Na.....	= 1	+	outside;				inside		Metallics.
2 valent = Ba, Be, Cd, Ca, Cu, D, Mg, Hg, Sr, Th, Zn	= 2	+	"	;			"		
3 valent = Eb, Au, La, Tl, Y.....	= 2	+	"	;	1	—	"		
4 valent = Al, Ir, Pb, Tr, Os, Pd, Rh, Ru, Sn, Ti, Zr	= 2	+	"	;	2	—	"		
5 valent = Sb, Bi, Nb, Ta, V.....	= 3	+	"	;	2	—	"		
6 valent = Ce, Cr, Co, In, Fe, Mn, Mo, Ni, W, U	= 3	+	"	;	3	—	"		
7 valent = ...	= ..	+	"	;	..	—	"		
8 valent = Os, Ru	= 4	+	"	;	4	—	"		

In the non-metallics we suppose that the affinities are as in the first column, and in the metallics as in the second, *i.e.*, in the former we have more — than +, in the latter it is reverse; hence:

In the non-metallics we have the majorities of — at the outside, in the metallics the +; *i.e.*, the attraction is in the non-metallics — and in the metallics + towards the external.

We shall give in the following table a few examples to illustrate the practical points and recapitulate:

1. In the free state the polarities of the different affinities of an atom are highly active, and condense (crystallize). In a certain time their energy ceases and the affinities can be made active again by the addition of the energy which has been lost during self-condensation.

2. The attraction in atomic affinities of the same kind is not so strong as in unlike atoms, hence we meet half-open affinities with a loose union (C — C).

3. The energy of an atom depends not alone upon the number of affinities, but also upon the open and half-open as well as closed polarities.

The relation and ratio between the number of bonds and their open and half-open affinities shows the amount of energy of the compound.

In the table the — H is equal to half the energy, so is the half-open affinity, and finally the comparison between the + and — ratio with the final ratio number shows the total activity either towards the + or the — side.

NOTE.—The table here indicated it is impossible to reproduce in the Eclectic Quarterly. It is too complicated to be made readily comprehensible in a magazine. We regret extremely the necessary omission of this very graphic presentation of chemistry.—Ed.)

TABLE VI.—RECAPITULATION.

No.	Atoms	Total Activity	Total Ratio Ext.	Int.
1	3	equal	—	—
2	4	50	—	50
3	7	56	—	56
4	5	80	—	80
5	11	90	—	90
6	4	100	—	100
7	4	150	—	150
8	6	8	8	—
9	9	22	22	—
10	14	24	24	—
11	24	30	30	—
12	45	43	5	—
13	21	43	5	—
14	15	33	33	—
15	5	40	—	40
16	4	50	—	50
17	3	133	—	133
18	3	133	—	133
19	2	200	—	200
20	8	37	—	13
21	11	36	—	—
22	14	77	—	7
23	42	86	—	10
24	13	104	—	20
25	3	199	—	67
26	47	84	—	—

If we look through the foregoing table we see at a glance that the

compounds of the non-metallics have all — free affinities; therefore they can act forcibly upon the + outside affinity of other elements.

Nos. 2, 3, 4, 5, 7 stand in the ratio of 50:56:80:90:150 to each other; that is to say, sulphur dioxide is three times stronger towards the external affinities than peroxide of hydrogen, hence the latter is three times weaker in energy than the former.

In No. 6 we find that the majority of bonds are +, hence its attraction for — bonds from without, or it behaves like a metallic, whose energy is fairly strong.

In water (No. 1) we notice that its energy is more towards its own internal structure; it has plenty to do with itself and remains inert towards the outer world.

In the C compounds we see another state of affairs. C in the free state, being a very inactive element, becomes highly active when combined, and in Nos. 8, 9, 10, 24 we find not only — H affinities but also half-closed C bonds; hence an incessant motion within the compound.

The ratio 8, 20, 22, 24 stands in an inverted activity to the external affinities, because the more the internal affinities have to do with themselves the less they can exert an attraction to the external affinities of other bonds; *i.e.*, glycerine is weaker in attraction than ethyl alcohol, and this weaker than phenol, and the latter again weaker than methyl alcohol.

In Nos. 11, 12, 13, whose ratio is 12:5:5, we observe that sucrose and amylose, being of equal strength, are superior in action for outside affinities to glucose. Ether, on the other hand, has great internal affinity, but is weak toward the outer bonds.

If we compare the organic acids with each other, we find in Nos. 15, 20, 21 the ratio 40, 13, 0; hence propionic acid is the strongest, acetic acid weaker, and formic acid the weakest in external attraction. Formaldehyde, owing to its open affinities, must be of some external force.

In the simple compounds Nos. 17, 18, 19, we see the ratio to be 133, 133, 200, produced by the open affinities; consequently carbon disulphide is equal in attraction to carbon dioxide but weaker than carbon monoxide, which is one of the most energetic simple compounds.

Nos. 22, 23, 25, 26, whose ratio is 7, 10 ,67, 0. In all these compounds we meet with C and N in combination; hence, being the most active elements, these compounds not only possess internal high activity, but also external attraction, so much so that the latter is prevalent, and consequently prussic acid is the most powerful and dangerous compound. Next to it we have morphine, then aniline and finally strychnine.

Simple compounds, and especially those which contain few atoms of C or N, can be prepared synthetically by uniting a sufficient amount of energy of an unsaturated compound with other elements or compounds; *i.e.*, we saturate the open affinities and cause the change of atomic position, with other words, the atoms which lay alongside of each other (taken as an illustration) in the old compound are now above each other in the new; the + affinities have united with the —, resulting in a substance which pos-

sesses quite other properties than the components from which it was made, because all open affinities lost at once their activity.

The highly complicated compounds of C and N, composed of many atoms, cannot be produced synthetically, because we do not know their grouping at present, but from the phenomena which they exhibit we may deduct that their formation is not instant, but needs time to be completed, and we may explain it thus: At the first impact the atoms unite with one affinity only, the remaining open affinities preserve their original energy and attract each other mutually. After months or years the next open affinities have to a certain degree united and changed their position, a gradual attraction between the open affinities takes place, relatively and absolutely, till active power is completely exhausted. The vital energy is equal in all affinities; they act as long as they are not totally saturated, and only those lose sooner the active power which are in a half-open condition, because they have the opportunity easier and better to unite with suitable affinities.

The highly complicated C and N compounds must possess at the first impact the highest degree of energy, because all their atomic affinities are free and can act with the original force, just as if the atoms would be in the *statu nascendi.*

If we divide the absolute energy of attraction in 100 parts and suppose that 100 years are necessary for the completion of a certain compound, it is evident that after a year one part of the original energy has been lost in the formation of the new compound. After ten years ten parts are lost and the energy is ninety; finally, after 100 years all energy is used up in the production of the end-result, *i.e.,* the new compound has ceased to be labile; it has condensed to the crystallization point, it has become stabile.

This transformation of the molecules, from the impact of its atoms through the successive stages to the crystallization point, we call chemical lability respectively stability. Between these extremes the atom travels constantly forward and only returns to lability if an impetus of special strength forces it back. To the latter belong remedial agents, the contagion of infection, the power of generation, etc.

Supposing a molecule of HCN represents an infectious substance which meets a molecule of propionic acid, the following action takes place: The open and half-open affinities of both molecules unite with a tremendous and vehement force, because the N atom is unproportionally more energetic than the C atom on account of the difference in affinity. The newly formed molecule has now acquired great activity, hence its stability is abolished, so much so that the new union has returned from the highest stability to the highest point of lability.

In the albumen molecule, for instance, we find this retrogressive action still more pronounced than in propionic acid, because it is less stabile than the latter; hence an albumen molecule, coming in contact with an infection toxin, must be either destroyed or return to the highest point of lability. This phenomenon we can observe in plant and animal life, being based upon the laws of lability and stability. Before the vegetable and animal world existed the

elements were in a free state, which naturally could not long prevail and constant attraction took place between the free affinities, their union formed inorganic compounds, which at first impact condensed to unchangable, constant products. With other portions it was different, they united to higher complicated compounds, whose atoms represented entirely unsaturated groups and formed an enormous number of labile molecules by reason of their open and half open affinities. These could not come to rest, hence they generated attraction, repulsion, evolution, fluctuation, conversion, transmutation, energy, motion, *i.e.*, life.

By mutual attraction these living molecules grouped together, because they could not stand isolated and the result of the combining open affinities of the molecules became a living conglomerate—a spermatic cell. Not all the cells consisted of one specie, some were simple, others complicated, these had +, others — properties. The + cells came in contact with the — and their unsaturated compounds began to neutralize each other, hence they became very active internally, but had no activity towards the external surroundings. Some of these cells entered the soil, which contains a vast number of unsaturated compounds, whose active and free affinities, together with the heat of the sun's rays, stirred them up, and the consequence was that the inactive condensed molecules returned to the point of lability. The now living molecule could attract new material, it was able to enlarge on account of fresh energy by the acquired great number of atoms into living chlorophyl. Through the constant growing or expanding of the spermatic cell a mass of cells resulted which finally developed into a shoot. Meanwhile the affinities of the atoms united gradually more and lost in consequence the power of assimilation, because they passed in their long travel from lability into stability. The living molecule, in gathering up the compounds of their surroundings for their own development and for the replacing of their gradually vanishing force, failed finally in activity, hence they lost in first place the power of assimilation and what remained was used up for the replacement of the diminished force of attraction. This period marks the inhibition of growth in the plant, but the propensity of eternal continuance goes on, regardless that the relation to the external surroundings is severed and the self support impaired. Incessantly the still remaining free affinities, instead of acting upon the root and stem which are saturated with enough power, sent their energy into the fruit. Another kind of spermatic cells is still higher organized, whose chemical composition possesses the property to absorb and to bind the constituents of the plant, to decompose and to assimilate the suitable unsaturated compounds.

Also here two kinds exist, namely, a + and a — one, which, when coming in contact with each other, produce a violent impact which causes the restoration to lability. From this fertilized cell the mono- or the multicellular animal develops, which receives from the plant cell the impetus of vital energy for development, and here the same process takes place as in the plant. The affinities of the living animal molecule work and decompose the molecule of the plant, either for self-development or for sustenance of

the vital force. Meanwhile lability decreases, the animal, developed from the plant and using the same for replacing the lost vital force, has become herbivorous.

A third kind of spermatic molecules has a different organization from the preceding and the arrangement of their atoms as to the character and property make them fit to assimilate the living non-saturated compounds of the animal organism, hence they are called carnivorous. Millions of years were necessary to create these three groups, namely, plants, herbivorous and carnivorous animals.

With the formation of the fruit the cessation of life is not abolished, in the contrary, enough vital force remains in the germinal cells either to attract other affinities or to condense. In the first place, new unions form and bring the approaching stability back to lability. For instance, in grain and hay we have an example of the above. After being harvested and heaped up, these substances sometimes generate so much heat that combustion sets in, but this is not due to the action of O in the air, but to the condensation of the affinities and their violent impact upon the molecules of and in the spermatic cells. Neither is this heat phenomenon a fermentative process, because dry grain or hay is able to germinate after hundreds of years, while fermented grain or hay does not. Old grain or hay which has reached the point of stability (condensation or crystallization), which means that the unsaturated affinities have lost the property to furnish the normal force, is unfit for nourishment or germination.

A shorter or longer period passes between germination and budding, flowering and fertilization, hence a difference must exist in these stages in the root, the stem and fruit. The molecules of the fruit are in a medium state of lability, while those of the stem and root have begun to condense. Soon the root comes to the point where it is unable to absorb the soil-compounds and in consequence the stem suffers with the root, but in the former some molecules are still alive and as the fruit is the strongest part now, it attracts from the stem the vital forces, leaving relatively simple compounds in the stem, branches and leaves (cellulose), which pass rapidly, being devoid of sufficient vital force, to the point of crystallization (lignosity), hence root and stem must cease to live sooner than the fruit.

Similar conditions we find in the higher organized animal organism. The spermatic cell, with the highest degree of lability, has become highly active by the act of copulation, which is an electrolytic phenomenon, and not, according to Bishoff, a simple contact. This electrolytic theory is not shaken by the experiments of Oelacher (chicken), Hensen (guinea pig), Loeb (sea anemone), which produced growth without fertilization. But this is true up to a certain stage only. It is not strange to find that the chemical affinities in the spermatic cells of the animal contain enough lability to develop the molecule, and the vital force may be strong enough to form cells, even groups of cells, but then the initial force is used up, hence development must cease. A complete living being cannot result without fertilization. In the middle of growth an arrest of new formation sets in, because the

affinities have given up all their energy, no completion can result for the reason that no new material with energetic affinities is present and in consequence of the want of vital force stability, *i. e.*, condensation, crystallization, death sets in. This process is not alone true of the paternal but also of the maternal spermatic cell.

Quite different it is in artificial fertilization. Here we see two spermatic molecules with opposite polarities to be brought in contact and the attraction of the + affinities in one and the — in the other acts like an electric spark setting the vital forces into motion for mutual union, absorption, growth and development.

After the act of generation has taken place the unsaturated compounds of the spermatic cells are in the free state with the highest lability. They are nourished by the maternal circulation, which contains vital food molecules. They immediately combine for the development of cells and a small portion only for the maintenance of life. Gradually the chemical constitution becomes stronger in union, the lability of the cell-chemism decreases and the food molecule is not absorbed so easily. A retrograde change takes place now, which results in the formation of reserve molecules and these, being stored up as the process advances, form fat in the cells.

The body, which is still living and therefore needs vital force, depends upon the reserve molecules; these, like a storage battery, give up gradually their energy and finally, being exhausted, disappear. The consequence is that the volume decreases, its elasticity ceases and tenacity sets in, and this condition marks old age. With other words, old age denotes that point where the affinities of previously unsaturated compounds of the cell-chemism are nearly saturated and unable to assimilate from the nourishment enough force which is necessary to sustain the organism. But as the affinities cannot rest, the organism comes into a deficit, it absorbs itself and prepares its end. Its forces must decrease notwithstanding the supplied food, its tissues must reach the maximum of tenacity, *ie.*, condensation, crystallization or death.

It is evident, then, that certain landmarks and signs must be present in the different stages of cell-chemism on its way from lability to stability.

We will suppose that man's normal life is one hundred years and divided into ten parts. At the end of the first part some but not much lability has been lost, in the next period this loss has become more perceptible and so it goes on to the sixth stage, where its chemism stands between lability and stability. The last five stages must be the reverse of the preceding first. In the former, nature has traveled in the retrograde way; here abnormal stability, diminished assimilation and loss in the size of the cells; in the latter, quick absorption of the food molecules and development of cells. In fact, we find these conditions in the animal body. The susceptibility of the cells in the infant is enormously pronounced and a few examples may illustrate it. According to the Pharmacopeia the dose of morphine for an adult is two grains (0.12) per day. If we divide this dose according to the age of the child the administration of such a dose would cause death. Or, minute

amounts of tincture of opium given to a child will oftentimes produce dangerous intoxications (somnolence), whereas the adult can safely stand one hundred times more. This is not only the case with opium and its derivatives, but with all strong acting remedies. Another well-known example is the appearance of fever at the slightest provocation in children. Any noxious agent (for instance, a cold) does not materially affect an adult, but in a year-old child the temperature may rise to 104° F. Here we see that the very loose affinities of the infantile cells are disturbed by the smallest amount of toxin, their combination splits up and produces heat, *i. e.*, a rise in temperature.

As to the chemical composition of tissues in the human body a comparative analysis of the muscular tissue of the newborn and the adult does not exist, but we may take the results of Shlossberger and Von Bibra as approximately useful in our case:

TABLE VII.

100 Parts of meat contain:

		Ox	Calf
Water		77.50	78.20
Soluble albumin	2.20		2.60
Coloring matter			
Glutin	1.30		1.60
Extract (alcoholic)	1,50		1.40
Insoluble albumin, etc.	17.50		16.20
Solids		22.50	16.20
Total		100.00	100.00

In 100 parts of ash from meat is contained:

	Ox	Calf
Potassic hydrate	35.94	34.40
Sodic hypdrate	——	2.35
Magnesia	3.31	1.45
Calcium	1.73	1.99
Potassium	5.36	
Sodium	——	10.59
Chlorine	4.86	
Chlorine	4.86	
Oxide of iron	0.98	0.27
Phosphoric acid	34.36	48.13
Sulphuric acid	3.37	——
Fluoric acid	2.07	0.82
Carbonic acid	8.02	——
Total	100.00	100.00

These figures evidence that the muscles of the calf have more of those substances which conform with lability, whereas the muscular tissue of the old animal with stability. A general proof we have in the fact that the brain matter of the newborn is a thin jelly, but that of an old person tough enough to be sliced, hence the difference in consistence must correspond

with the difference of chemical constitution. The juvenile organism is easily affected by any infectious substance, causing fever throughout the body, but not to such a degree do we find this in advanced age. A chronic disease is impossible in a perfect healthy person which is not indisposed, whereas an acute ailment is only possible when an infectious agent (typhoid, malaria, etc.) is highly active and this condition cannot affect the body very long and disappears very soon. If the cell-chemism is saturated by a chronic toxin in childhood and not eliminated in time, but absorbed by the cell-molecule, the result is twofold, viz.: 1. The vitality of the cell, and consequently of the whole organism, is shortened; 2. Within the cells non-inflammatory products form, which tend to generate early crystallization (degeneration). These sequelæ are the consequence and not the cause, because if the labile cell chemism it attracted by a poison it must unite—owing to the greater affinity for the protoplasm—very rapidly, and weaken development and assimilation.

Suppose 100 affinities are present in a normal cell molecule (working 100 years till condensation sets in) the infected molecule with thirty affinities, deprived of its strength, can act only with the remaining seventy affinities, hence it is brought to the point of condensation very quickly, namely, in seventy years, instead of 100; *i.e.,* the infected organism acts with a deficit of thirty years, consequently the normal end-products of the condensation process appear sooner. In fact, pathology knows for a long time such abnormalities which after long-existing chronic diseases take place, as, for instance, amyloid, colloid, fatty, pigmentary degenerations, etc. These deviations are not accidental, but the consequence, and must appear, if the cell-chemism cannot reach its natural and normal point of condensation as the result of contamination by a foreign substance.

Relating to the food molecule, we notice that such a molecule can serve for nourishment which has the necessary vital power to split up into simple components, producing enough vitality in the absorbing cells, but when the point of crystallization has been reached it becomes unfit for nourishment. Every day we can see this fact, because old grain or hay is unfit for feeding, and animals refuse instinctively to ingest it. In the young animal the food molecule is used for the development of living tissues, in its stomach the food molecule is refreshed and replenished by animal heat and gastric juice, producing new force, in order to assimilate with the gastric contents to form highly complicated compounds and these in turn are absorbed by the digestive tract and carried into the blood circulation. The blood flows around the tissue cells and gives up to them the complicated and simple compounds. Among the constituents of these compounds we find saturated inorganic salts derived from the food. They are inactive and serve simply to protect the cells from a too rapid decomposition, hence the salts, being the condensation of the former products, do not serve directly as a maintenance but as a protection of cell life. The O, which comes in contact with the red blood corpuscles, oxidizes the entire molecule which is protected by the salts and splits up those components only which are loosely united and this

causes a part of the atoms to unite with the food molecule, whereas another portion is expelled as regressive metamorphosis. Purposely nature has protected the cells by salts in order to avoid the forcible action of the active O, hence we find, for instance, albumen in the urine when a faulty protection exists.

What we have said of the plant as food molecule is true also of the meat molecule. It can serve for nourishment only as long as it contains vital energy. In the fresh meat, after the animal has been slaughtered, the cells are still alive and continue to be so till decay sets in. Conserved and preserved meat or vegetables are not any exception, because smoking, boiling, roasting, drying, salting or curing does not kill the vitality of the food molecule, but fixes the organic substances chemically, and canning protects them mechanically against oxidation. All organic substances, as milk, meat, fish, vegetables, are destroyed by putrefactive fermentation and by this rendered valueless, even dangerous. The addition of chemical antiferments and antizymotics, whether organic or inorganic, is a grave mistake, because they destroy, by forming new combinations, the activity of the molecule to serve as nourishment. All salts, whether metallic or non-metallic, and all bacterial toxins act in the same way; therefore, whenever a spontaneous decomposition sets in, be it a generation or change in odor, color, liquefaction or production of gas, the food molecule becomes not alone unfit for nourishment, but, above all, it becomes toxic, hence the boiling over or other manipulations to restore decomposed preserved organic substances is not alone valueless but exceedingly dangerous.

Resuming then, we have seen that under *normal* conditions the young tissue cells are best adapted, by virtue of their labile chemism, to assimilate the entire food molecule and to increase in volume and strength. For the same reason the young blood cell can absorb O in the lungs, and the received energy is able to oxidize the food molecule with the production of sufficient heat, a necessity of the organism.

The contrary we find in the senile cell. It loses the power of assimilation and absorption. It decreases in vital energy, but increases in tenacity. Also the senile blood cell can absorb only little O and an incomplete oxidation of the food molecule results, hence a decrease of heat production is the consequence. The constant advancing condensation of the cell molecules inhibits also the performance of all other functions, hence the loss of its own strength.

In *abnormal* conditions we have just the reverse, namely, the high labile chemism of the young tissue cell, being unprotected against attack and invasion of the smallest amount of infectious material, causes the compound to decompose and produces generation of heat which affects the organism. The constitution of the cell suffers materially and, if the invading substances are not eliminated in time, destruction of the cell results. An advantage has the old cell here. The high stability protects it from ordinary attacks, it resists better the influences of infection and the blood circulation does not

suffer much, because the gradual condensation, the tenacity of the old cell, shields it from complete destruction.

DISCUSSION.

J. U. Lloyd: I take pleasure in referring to this most scholarly paper of Dr. Meyers as one which, had a fragment only been taken as the subject of discussion, would have consumed a day or more. It is a study that, in detail, can be appreciated only by one who is conversant with what lies recorded behind it. Professor Meyer has indicated to us that the art of growing old gracefully may be a scientific process, and that the man of science must be the first to recognize that old age is the result of systemic chemical alterations. Much, however, remains in the unexplained depths of intermolecular chemistry outside the known movements of the atoms and molecules. We are beginning to perceive that there is a physical side which modifies or governs chemical alterations that take place under the influence of life. We that have been perplexed by unexplained changes that take place in solutions under the influence of time, in which there is no chemical explanation for the reactions, can appreciate the subtle influence of these molecular alterations. We who make a study of plant pharmacy appreciate that alterations take place in solutions, producing physical qualities that formulated chemistry does not touch. I have long been acquainted with these facts, and have more than once, perhaps repeatedly, written about them, as well as mentioned them in my lectures. For example, a mixture of alcohol and water when first made has a sharpness of quality very perceptible in odor as well as to the taste. Gradually this disappears, and after a period of rest the solution is much modified to the senses. Makers of perfumes appreciate that a period of time, in order to "mellow" a perfume, is a necessity. Only a few weeks ago, Dr. Wiley, Chief Chemist of the Agricultural Department, of Washington, in a conversation with me, touched this subject from the side in which he is concerned, in which, by experiments that he had made, it was shown that after a wine or a whisky had reached a certain physical condition through age and rest, it might be disintegrated, either by the application of heat or by a very low temperature, and then be, physically, a very different substance from the material that was thus disintegrated. These subjects I have for many years contended should be a part of the study of a man concerned in pharmacy, and that the student of pharmacy has much to contend with in such directions as this that cannot be explained by any process of exact formulas and equations.

Let us then thank Professor Meyer for this paper, in which he goes to such detail concerning problems that, as a rule, are considered outside the sphere of the practitioner of medicine; but even though this be so, the diagrams, the historical references, the record he has made, indicate to every one the amount of research, thought and intelligence applied to this subject.

BELLADONNA.

W. N. Mundy, M.D., Forest, O.

I judged, from the letter received from the chairman of this Section, that his purpose was to make the Section partake rather of the nature of a symposium, so without any introduction I will proceed direct to the subject assigned.

I use in my practice specific medicine belladonna almost exclusively, the

only other preparation used by me being the solid extract when I desire an ointment for a local application.

The indications for the remedy are dullness, hebetude, dilated pupils—to put it in one word, "congestion." Taking this condition as a basis, I have used it in many conditions or diseases. In any of the eruptive or exanthematous diseases, in scarlatina when the eruption is tardy in making its appearance, the skin is hot, dry, and has that peculiar bluish appearance noted in such a condition, ten drops of the specific medicine in a half glass of water, a teaspoonful of the mixture each hour, will hasten the appearance of the eruption.

It is of value in the angina that precedes and accompanies scarlatina, as well as in the various forms of tonsillitis.

During the prevalence of la grippe in the early spring of the present year I found no single remedy more efficient for the throat manifestations than belladonna. The condition was a pharyngitis, characterized by an edematous appearance of the tissues which were intensely congested and of a very dark-red color.

We have used it in measles when the eruption was tardy in making its appearance, or when there was an unusual amount or degree of bronchitis present.

In the second stage of meningitis, or after the stage of excitability or irritation has passed, or when the stage of irritation has been succeeded by that of effusion, belladonna is the remedy.

We have also used it in enuresis or bed wetting in children. Atropine is the remedy usually prescribed, but I use specific medicine belladonna. We have also used it in pertussis, when the child was dull, stupid, with dilated pupils, and some evidences of congestion of the brain. It is an old remedy in this disease, but to be useful it must be selected with care and in accordance to its indications.

Locally, we have used the belladonna ointment in orchitis resulting from the metastasis of parotitis, also in gonorrheal orchitis, with excellent results; also in the neuralgic pains resulting from iritis, with equal success.

We have used it in pneumonia and typhoid fever when the characteristic symptoms calling for it were present.

Purposely we have avoided saying anything of the uses of atropine as a mydriatic and in diseases of the eye. Its uses here are too familiar to all to require repetition.

THERAPEUTICS OF SCARLET FEVER.

W. N. Mundy, M.D., Forest, O.

I treat scarlet fever as I do any other disease, that is, in accordance to the symptoms most prominent. I have no hard and fast rule or prescription for any disease, but am guided entirely by the conditions presenting themselves most prominently as demanding attention.

First, the patient is isolated in a room especially prepared for it. This

is for the protection of the rest of the family. Soda baths are ordered two or three times a day, according to the height of the temperature. The baths are followed by inunctions of carbolized vaseline, or creosote and vaseline, to allay the burning and itching that usually accompanies the disease. The baths, inunctions and isolation are maintained until desquamation is completed, or until any discharge that may exist, either from otorrhea or suppurative glands, has ceased. Rest in bed until convalescence is assured is maintained, as this is the very best means to prevent complications.

I do not diet my patients with scarlatina. My experience is they are too sick to eat, and my only solicitation is to persuade them to eat sufficient to maintain their strength. Milk, beef tea or essence prepared from the fresh beef, poached or soft boiled eggs, milk toast and custards are probably the chief articles of diet.

Internally, I use the following remedies most frequently: During the height of the fever or before the eruption has fully developed, specific medicine aconite for the rapid, wiry pulse. Should it be full and bounding, it would be sp. med. veratrum. If the patient is irritable and restless, pupil contracted, face flushed, showing some tendency to convulsions, sp. gelsemium would be added or alternated with the above. If the eruption seems tardy in making its appearance and the patient seems dull and inclined to sleep, sp. belladonna would replace the gelsemium, especially so when the throat symptoms seem unduly prominent. Sp. med. asclepias is frequently used when the patient complains of the skin being hot and burning. It favors the appearance of the eruption, and is very frequently used.

For the throat symptoms, sp. med. phytolacca is indicated by the enlarged tonsils and glands of the neck. It is used both in the early stage for the scarlatinal angina and in the late stages when we have the swollen glands as a sequel.

Scarlatinal nephritis is the most dreaded complication, and otitis probably the most frequent. We have already stated the best way to prevent them. Should they occur, the nephritis would be treated by rest and dry, hot packs to the back. Internally, belladonna, apis, elaterium, apocynum, as would be called for by the conditions presenting themselves. The otitis calls for dry heat, the instillation in the ear of a solution of morphia and cocaine to allay the pain, and possibly a paracentesis to allay the pain and permit the escape of pus. The advent of this complication is announced by either an increase or persistence of the temperature and pain. The sedatives will be again called for, and have some influence in allaying the inflammation here as elsewhere.

The suppuration, whether of glands or ear, call for calcium sulphide internally. The suppuration of the ear calls for constant attention in the way of cleanliness and an attempt to limit the discharge of pus as much as possible. For this I use warmed solution of boracic acid in preference to peroxide of hydrogen. After cleansing the ear I often insufflate a calendulated boracic acid or boracic acid dry in the ear, never pack it in.

I have been exceedingly fortunate in scarlet fever. It may be because I have never encountered it in its malignant type.

DISCUSSION.

DR. SINCLAIR: I advocate the lowering of the temperature, relieving the pain and itching of the skin, and, over and above all, the comfort of the patient.

DR. WILLIAMS: I want to add the use of belladonna in its application to one disease not mentioned, the treatment of diabetes, where we have ordinary indications for the use of the drug. I am treating several cases with it. It has been a comparatively new drug with me, but I have used it perhaps for eight or nine months in gradually increasing doses. The results so far have been very satisfactory. I have one lad of eleven year to whom I am giving 1 dr. to 8 oz., one teaspoonful about six times a day. This has materially decreased both the quantity of sugar and the percentage. He has increased in weight about four pounds, appetite is improved, and I am very favorably impressed with the drug. I have not used it long enough, however, to draw any conclusion as to the permanency of its effect. I began with 20 gtt. to 8 oz. mixture.

DR. HOLMES: The general indication for belladonna with me has been in all cases where there is coldness of the extremities. Without any other symptom, that is an indication for the use of belladonna with me.

I wish to speak of the use of belladonna in the frenzy of typhomania, with which I have had some experience. Dose 1 dr. to 4 oz. of water, teaspoonful doses from twenty minutes to one hour.

DR. SINCLAIR: I wish to call attention to belladonna in connection with bryonia in what we usually call sick-headache. Lloyd's specific bryonia, 5 gtts.; Lloyd's specific belladonna, 8 to 10 gtts.; water 4 oz. Teaspoonful once an hour. I have used this for years in warding off the common form of sick-headache.

DR. LLOYD: In regard to belladonna there is not much for elaborate discussion, as the paper is brief in itself, but I will say that belladonna is an old drug and has been used by physicians through the ages. There are different preparations of belladonna, and we somteimes read or hear of certain stages of a disease where the drug will have certain effects. Then very frequently we find that physicians who both read and speak of this drug, use it in combination with some other.

But to the point. Belladonna is physiological, and the therapeutic effect needs to be followed up very carefully. I have found from experience a great deal of difference in the administration of the drug. If we study the drug we know very well that great importance has been placed upon it by a number of pharmaceutists. Some use the root, and of course we do not get exactly the same results from the pharmaceutical preparation. We should study the action of drugs in both small and maximum doses. Then, too, I find there is a difference in the preparations. We very much rely on the pharmacist who carries this drug, and I find that our Eclectic pharmacists are less disappointing than others. I find that physicians use a great many preparations. Sometimes it is better, financially speaking, to buy the cheaper drugs in the market. On other occasions they get out of it and get it at the drug store most handy; therefore there is a great deal of difference in the effect. We say, for instance, that a certain preparation contains more atropia than others and some less. What we want to do is to feel sure of what we are using, and, if we don't want to use it on our patients, use it on ourselves. I often do this, and of course I have been very sick many times, but I am still here. Results of experiment on the web of a frog years ago show

that it contracted, and we also have the word of the late J. M. Scudder that he found it contracted. What is the inference? That if it will do that on one part it will do it on other parts of the body. We have an action on the small blood-vessels which produces contraction by forcing the blood out of these congested vessels and causes semi-coma. But do not let us stop there. I have seen the most congested headaches where this would have no effect. The head is already congested. You cannot force the blood back again very well. In that case it produces, of course, the contraction of the smaller vessels, and you will not get the effect of belladona. It also has its effect on the muscular parts of the intestinal canal. That is where we will sometimes get the benefit of belladonna in large doses.

I believe that belladonna not only has this therapeutic effect which I have alluded to, but I believe it also produces an antagonism to toxic conditions.

In relation to the anti-toxic effect of belladonna, it has been proven that where scarlet fever cases are in a family, the administration of belladonna will ward off an extension of the disease, and it is claimed by a great many that it prevents scarlet fever.

But it has some other effects. I think it is an antidote for certain specific poisons in the system.

Dr. Carson: Mention has been made of having the papers short and to the point, and Dr. Mundy has done this. I believe that belladonna is a preventative measure in relation to scarlet fever. I would like to know how many doctors in this section have used belladonna as a preventative. I understand the doctor uses an alkali bath. I believe in using the bath indicated. If acid is called for, I believe an acid bath is better. If we use the bath to relieve itching and irritation, there is nothing, I think, equal to the essence of peppermint, making a solution of water. In jaundice, where we have that horrible itching, the essence of peppermint is a godsend. Make a solution of it and try it.

Dr. Lloyd: I will say that isolation is all right on general principles, but what can you do in a family which lives in close quarters? As a physician, you have a right to protect this family, and you must do the best you can. Belladonna will act as a preventative to a certain extent, but I don't think it will in every case, because there are some cases where the drug itself will not affect the disease.

PECULIAR OBSTETRIC EXPERIENCES.

S. B. Munn, M.D., Waterbury, Conn.

Most of what is really known in medicine consists of what has occurred in the physician's daily rounds of practice. Our books, however finely composed and elaborated, have little value, nevertheless, beyond what observing men have noted down and so preserved. If physicians would be diligent in reporting their peculiar experiences, they would add materially to what is known, and confer valuable service on others. Many cases fall under the eye of an observing practitioner which the books do not describe, or fail to portray with satisfactory explicitness. Bearing this in mind, I take this opportunity to recount several which I have encountered.

Prolonged Period of Gestation.—The period of utero-gestation is usually recorded as nine months, although the writer of the Wisdom of Solomon names ten months, and French jurisprudence extends it over 300 days.

There are cases well authenticated, however, which exceed the longer term. Indeed, I have had several in my own practice.

CASE I.—Several years ago Mrs. B. engaged me to attend her, three months; and we accordingly calculated the period of maturity. The time arrived and passed, till it was twelve months after the cessation of the menstrual flow before her child was born. To avoid unnecessary question or quibble, it will suffice to say that Mrs. P. had for years permitted no sexual intercourse except a day or two before the close of the catamenial period. Any one knowing her would be sure that she always had her way in household matters.

CASE II.—About three years ago I was called to see Mrs. N. She had fallen down her cellar stairs, turning a somersault before striking the floor. At this time she had been pregnant for four months. She was not seriously hurt. Not till several months later did her labor come on, making a full term of twelve months. She gave birth to a very large child, the labor lasting two days. It was a breech presentation, and I delivered her with the blunt hook.

CASE III.— Mrs. F. called my services in requisition about the same time, and was delivered of a child after having completed a term of eleven months and a half.

CASE IV—*Singular Results of a Fall.*—Some three years ago, about seven o'clock in the morning, I was called to visit Mrs. T., then about to be confined. I found the umbilical cord protruding about two feet, with a knot in the middle of the loop. There was no other indication that her labor was approaching. I placed the cord in the vagina, and directed that the patient should be kept quiet. At two o'clock in the afternoon I was summoned again. Labor had now begun, and I found the cord again protruding. It was impossible to place it back in the uterus, and during the passage of the child it became strangulated. It was above four feet in length. I learned afterwards that Mrs. T., some two weeks before, had fallen down stairs, turning a somersault on the way. Doubtless, as she turned, the child slipped through the loop in the cord, thus making the knot which I have mentioned and have now in my possession.

CASE V—*Rupture of the Uterus.*—One evening in May, 1890, I was called to Mrs. E. She was about thirty years old, and this was the eighth month of her first pregnancy. There had been sickness in her family for several weeks, and as a consequence her strength had been overtaxed, and she was very much exhausted.

About six o'clock that evening she went to the bath-room, and a few minutes later was heard shrieking with agony. The nurse hastened to her and perceived that there was a violent hemorrhage. As soon as possible I was summoned. On making a digital examination, I found myself barely able to reach the os uteri. There was no pressure, nothing like labor, but a constant pain in the back—a sharp, cutting pain. I surmised that it was a case of hemorrhage, such as occurs sometimes in pregnancy previous to its termination. The flowing now seemed to lessen in quantity, and, indeed,

for about one hour it was but trifling. Hence I was not apprehensive of serious difficulty. I directed her to remain in bed and keep very quiet. I went home and came back in one hour. Every symptom was now aggravated. I tested her temperature and found it not above 95°. I placed the patient upon her side, drew up one foot, and made a second examination, but could not reach the os at all. The womb had gone up with its contents, clear up to the stomach. I was now certain that the uterus was ruptured. The symptoms were characteristic. The pulse was rapid, small, feeble and fluttering, the countenance pale and anxious, the breathing hurried and difficult, the surface cold and clammy. The patient was restless, unable to lie in bed, and required incessantly to be moved from one position to another. There was violent retching, with vomiting of mucus and dark-colored matter, and there were also frequent fainting spells—in fact, she was now dying. The family would not permit an autopsy, except her absent brother approved. It was impossible to reach him by telegraph, and so I failed of the opportunity.

Case VI—*Obliquity of the Pregnant Uterus.*—Mrs. R., of Waterbury, Conn., the mother of six children, had engaged me for her next confinement. She is about thirty years old and was born in Maryland. Seven months had passed when, a hemorrhage occurring, I was called. Despite all my efforts it continued several days. About a month later I was again summoned for a like reason. Two weeks afterward there was another hemorrhage requiring my attention. On Monday night, May 11, 1891, I received notice that her labor was beginning. When I arrived at the house I found her in pain. Presently a large clot of blood was expelled, and the pains immediately ceased. The hemorrhage, however, continued. I made a digital examination, but was unable to reach the os uteri or the womb itself. Aware that there was no further occasion for my services at this time, I gave directions that I should be summoned when necessary, and then went home. On the evening of the 13th the messenger came. The hemorrhage had continued for the past two days, but before I arrived at the house the labor-pains had ceased. I was still unable to reach the womb. It was a case of obliquity, and the fundus had fallen into the left iliac region. An hour passed with little apparent advance. I directed the patient to remain lying upon her back, and made the following prescription: ℞ Caulophyllin 3j; composition 3vj; making ten powders, one of them to be given in warm water every thirty minutes. May 14, I had left the patient at eight o'clock in the evening. About two o'clock in the morning I was again summoned. Immediately after the first powder had been administered the pains had begun anew. They were very light, however. Upon examination this time I was able to reach the os. The womb had partially come into normal position, and I could feel the infant's head. There was no expulsive force discernible. The patient was exhibiting symptoms of exhaustion. I administered a teaspoonful of leontin in warm water, and followed it a few minutes later with four grains of quinine. The medicine soon began to impart a little tone to her system. I waited until three o'clock, but was now convinced

that the natural force would not be sufficient, and that artificial means were necessary. The womb was so high up that I was compelled to use the long forceps. To make the case more difficult, it was a "frontal presentation." I have always found such cases very difficult. After I had succeeded in bringing the head down to the pubic bone, it was necessary to unfasten the instrument, as it would otherwise have slipped. Taking a new hold, I was able to bring the head into the lower strait. Lest the forceps should slip, I unhooked and fixed it on anew. This was sufficient, and at half past three the child was born. In this instance I did not venture to employ an anesthetic. I would caution others that when there is not sufficient expulsive force in childbed it is dangerous to administer an anesthetic. A few hours later, that forenoon, I paid another visit, and found both mother and child doing well.

Case VII—*Pregnancy with Albuminuria.*—One evening in 1879 I was away from home over night, attending a patient. Mrs. M., desiring to extinguish a lamp, stepped into a cane-bottomed chair and took it into her hands. At this moment her footing gave way, the chair was overturned, and she fell to the floor, holding fast to the lamp to prevent it from breaking. She did not tell me of the accident when I came home in the morning, but her condition was critical. She had been pregnant about six months, and was now in great pain, indicating premature labor. I gave remedies and the threatening symptoms passed away. Upon learning the facts, however, I was apprehensive of greater trouble, and resolved to take away the child. Before doing so I called several other of our physicians in counsel. They declared against my judgment; indeed, the patient herself was hopeful that the child was alive; so I acquiesced. Evidences of disorder began to manifest themselves about two weeks later. There was a partial suppression of urine. Examination disclosed the presence of albumin in extraordinary amounts. Upon heating the urine in a test-tube, it became a coagulum so solid as to remain fast when the tube was turned bottom upward. Dropsical effusion supervened, and she became so bloated that she did not look at all like herself. Her lower limbs cracked open, and the serous fluid exuded in large quantities.

We were sitting at the dinner table one day about six weeks after the accident, when I chanced to remark a peculiar glassy appearance to her eyes. Trouble came now in right earnest. I perceived that unless very energetic measures were taken, and these in a desperate hurry, speedy death was certain. She became unconscious, and at a later period delirious. The secretions were suppressed, contaminating the whole body. I made the following prescriptions, giving them alternately at intervals of fifteen minutes: (1) Veratrum viride, normal tincture, 2 drachms in 4 ounces of water, a teaspoonful to be administered every half-hour; (2) gelsemium, normal tincture, 2 drachms in 4 ounces of water, a teaspoonful every half hour. I also administered the third preparation of lobelia, 2 drachms in a pint of water, by enema every hour.

The next morning at four o'clock there took place copious evacuations

from the bowels and bladder, which continued five hours. By this time the delirium had passed away and the bloating had almost entirely disappeared. Mrs. M. continued to improve, till she became able to go around the house and to drive out. Two weeks after this attack she gave birth to a dead child in an advanced stage of decomposition.

CASE VIII—"*Tricks That Are Vain.*"—Young women who are pregnant are brought occasionally to physicians to be treated for dropsy. I will give one instance. Mrs. X. came to me with her daughter. After making an examination externally, I told her that the young woman was in "an interesting condition." The daughter at once protested against my judgment, denying that she had ever had anything to do with any one of the other sex. "I cannot help that," I replied, "such is your condition." "Do you think that I would lie to you?" she demanded. "Yes," I replied; "girls always lie when in this condition." She persisted in her denial. About two months later I was summoned to visit her. She had been attacked with "colic," I was informed. Nevertheless, I took the precaution to carry along my obstetric case. I found the young woman in labor, and the head of the child already in the lower strait. When I told the mother the condition of affairs she was unwilling to believe it. A few minutes later the child was born. Even then the young woman declared positively that she had never had anything to do with the other sex.

CASE IX—*The Doctor's Peril.*—About ten o'clock one evening, several years ago, an unmarried woman, eighteen or twenty years of age, came to my office and asked for a private interview. About two weeks before she had employed a physician in an adjoining town and been delivered of a four months' child. She supposed that her "trouble" was over, but he had not removed the placenta, and she was now suffering great pain. At my direction she stood up, in order that I might make the necessary examination. Immediately the mass fell from her body to the floor, followed by a hemorrhage so profuse as to saturate the carpet. She became at once very faint, but revived after stimulants had been administered, remaining, however, very weak. It was now eleven o'clock at night. If I should call a carriage to take her home at once I would fall under the gravest imputations. She, however, declared herself able to walk home. It was about half a mile away, and I permitted her to do so. After she had gone my wife and I found a streak of blood from the door of my office, which was then on the second floor, down the whole length of the stairs to the street.

This much alarmed me. Her route lay direct through the heart of the city. If she had fallen while on her way, and perhaps died, the police would have been able to trace her by the blood directly to my office. I would thus become liable to arrest, and with such circumstantial evidence, apparently unequivocal, might very easily be convicted.

I have given the particulars in the last case in the hope that it may be of some benefit by way of placing other physicians on their guard. Certainly it shows how a physician may be involved in very compromising situations, and even convicted of crime when perfectly innocent.

Case X.—Was called to Mrs. H., to deliver her of first child. When the head had reached the perineum the labor became very expulsive, and a laceration occurred, which extended around the rectum.

Mrs. L.'s case was like the preceding one, both lacerated in same manner. In neither case was any stitches taken; both healed up sound.

Case XI.— Was called by Dr. B. in consultation. In this case the presentation was above and in front of the pubis. I placed the woman across the bed, bringing her on the edge, the doctor holding the knees. I held the handles of the forceps way down, passing the blades high up till they were firmly on the head, then pushed up and pressed back, and delivered her with no harm to mother or child. The next day was called by same physician to deliver a negress; presentation same as former case. I found the head of child crushed by its pressure on the pubis. Used the same method as in former case, and delivered mother of a dead child.

On our return the doctor who called me said he was taught in college that such cases must prove fatal, as they could not be delivered; but he had seen me do it and had learned a lesson.

Case XII.—Was called one night to a case three miles out of the city. The husband called me, then started for Southington for nurse. On my arrival I found the labor had been so expulsive that the child was born and the womb inverted. I could not turn it, and was about to start to the city for help when the mother collapsed and died immediately. The child lived, and is living near New Haven.

MICROZYMES THE COMPONENT OF THE CELL.

Robert L. Watkins, M.D., New York.

Ever since Virchow wrote his cellular pathology in 1845, it has been supposed, and in fact accepted, by the medical profession, that the cell was the basis of physiological life. It was demonstrated by him in an acceptable manner that cells could be seen, and were a base product of the muscular, nerve, osseous and all other tissues, including the blood. At that time this was considered a great and wonderful advance in medicine, and in fact was as much of a boon to the medical profession then as the germ theory has been at a later period.

But, gentlemen, I am writing this paper to interest and enlighten you in a much smaller physiological element of the body than the cell, and this is the microzyme. While the cell has an average diameter of 7 microns, the microzyme has a diameter of one twentieth or one-fiftieth of this; that it, a red cell has a diameter of 1-2,500 of an inch and a microzyme of 1-50,000. It is thus seen that a cell nucleus will contain many microzymes, and in fact it does.

These little bodies were demonstrated by Prof. Beauchamp, of the University of Mont Pellier, France, in 1857, and the work published about the year 1864. But through much controversy this subject became misunderstood, and so the work has been almost lost sight of. It is hoped, however,

that the matter will soon be published, for a translation of the original work is now in the hands of a well-known publishing house.

One of the easiest places to see these small organisms is in the hen's egg, which I use to stain to show my class in college. They are smaller than any heretofore acknowledged elements in either the white or yolk of the egg, but as the white of the egg has the same index of refraction as the microzymes, it is best and easiest to boil the egg, thus coagulating the albumen, and by so doing the index of refraction is changed. When a small, thin piece is sliced off, placed under the microscope and viewed with a one-eighth, or, better still, with a one-twelfth immersion lens, these microzymes in outline are plainly seen as little white granules they show themselves to be. In the yelk they are seen with no preparation or application of heat. In a rotten egg they are also seen, but their covering is split up and they are seen naked. In the former they are covered with their albuminous coat.

In the human body the easiest place to find these elements, which Beauchamp called the ultimate physiological elements of life, is the blood stream. The little punctate points seen in the white blood cell or leucocyte are these organisms with their albuminous covering Hundreds of them are seen in one cell, and it is by their recognition that a leucocyte is distinguished from a red cell. When a red cell dries, shrivels up, you have noticed that it crenates and resembles a mulberry, and this is due to its beginning to break up into its physiological elements, the microzymes. They are found all through the blood, in its cells, in its serum and in its fibrin. If they should not be visible at first, they can be easily brought out by treating with dilute hydrochloric acid. This treatment applies to the other cells of the body as well as to the blood cells. These units of life are physiologically indestructible, the only thing that will destroy them is fire, and they have been traced back by Prof. Beauchamp and his associate, Prof. Ester, in their formation to the geological time when the calcareous rocks were taking shape on the earth's surface, 11,000,000 of years ago. And so, according to this theory, which you will find demonstrable in the laboratory, when man dies his body goes back to the dust of millions of years, when the first microscopic elements which exist in man were created by his Maker.

This short sketch of the microzymes is told to you in as simple a manner as possible, to open your eyes and get you interested in the fact that medical science has not yet reached its limit, but that there is still much to learn by the rising young student as well as by the old interested practitioner of the day. And in my opinion, gentlemen, the special study for the young physician is the blood in its fresh state, for in its stream are laid the first conditions of disease, and to it should the future look for light in preventative measures, before disease has set in to stay. It is on this subject of fresh blood examination that the author has spent twenty-three years of his life, and it is to the trained microscopical eye of the hematologist that future generations must look for aid in seated diseases, as well as to preventative measures in medicine.

CAPSICUM.

Lillian J. Bullock, M.D., Manchester, N. Y.

The drug which has been assigned to me to discuss at this meeting is not new to any of you, but good news will bear many repetitions, and it may be that I can give some new thoughts on the subject to some of the younger practitioners, if not to the older ones.

In the fruit of capsicum fastigiatum we have "a pure, energetic, permanent stimulant." Think for a moment what these words mean, and tell me why you do not more often make use of capsicum in your practice, and also teach the laity its use, instead of so much whisky and brandy, which are no more "energetic," and which are not "permanent in their action," a very important item to remember.

We can recommend capsicum as an absolutely safe stimulant, one which will not lead to drug habit. Indeed it is one of the best weapons in our hands for combating alcoholism, that terrible curse to humanity. The medical profession is often blamed for recommending alcoholics to their patients. Here is a remedy that can safely stand in any medicine closet; it will never start a human being on a drunkard's career.

There is nothing better for a hot drink to break up a "cold" and start the desired perspiration, to "warm up" a person suffering from a chill, or to relieve cramps in the stomach or bowels. The common household remedy in these conditions is whisky or gin. I am not a fanatic against the use of alcohol, but there are many cases where its use is not wise or expedient, and there are very few cases where capsicum cannot be used. I have been in houses where alcoholics are forbidden, and the only stimulant available was peppermint or checkerberry, and I have recommended a bottle of the tincture of capsicum as a valuable friend in time of need.

Capsicum improves the appetite and digestive power, hence is a good remedy in atonic dyspepsia. In flatulence from indigestion it causes the bowels to contract and expel the gas. It is very valuable in the atonic dyspepsia of alcohol habitues, and in these patients will relieve the craving for liquor, and is recommended as the very best remedy in the materia medica for delirium tremens. It is valuable in tonsillitis if employed early. Gargle the throat with an infusion of capsicum, and in many cases it will abort the inflammation; also, in atonic condition of the upper throat, it is a valuable agent.

A mixture of capsicum, lobelia and some good nervine, makes one of the best and speediest sudorifics to be found, one that will relieve acute congestions and inflammations in any part of the body. This is a modification of the "stimulating tea" of the Thompsonians, which was so successful in aborting disease.

Used locally, capsicum is an agent of great value, producing an active rubefacient effect without vesication. It is the active principle of the majority of the stimulating liniments used for the relief of pain. A little oleoresin of capsicum, spread on common adhesive plaster, makes one of

the best pain plasters imaginable. The plaster will be pretty hot for a time, but you can assure the patient that it will not blister, and should be left in place for three or four days. A cloth wet with alcohol and plentifully sprinkled with cayenne pepper is superior to a mustard paste; it produces an energetic counter-irritation, but never blisters. Powdered capsicum sprinkled in the stockings was a favorite prescription with Professor Scudder for cold feet. The concentrated tincture will cure chilblains. Saturate a piece of flannel with the tincture, and rub it well over the seat of the chilblain till a strong tingling feeling is produced. Repeat the application daily until a cure is effected.

Packing the cavity of a decayed tooth with a little capsicum on cotton will give almost instant relief; and the enumeration might be continued much farther, but I desist.

TINCTURE GUAIAC.

J. R. Spencer, M.D., Cincinnati, O.

The West India islands produces a tree called guaiacum officinale. The wood, resin or solidified juice, and the bark are the parts of the tree that contain most of its medicinal qualities. The natives knew of the medicinal qualities found in this tree long before the white man came into possession of these islands. The Europeans learned much of the curative virtues of this tree from the former inhabitants of these islands, and introduced the medicine obtained from it to their own countrymen. This occurred in the sixteenth century, and since that time it has had quite an extensive use.

The resin of guaiacum is obtained from the wood of the tree of the same name by natural exudation, by tapping it or wounding it in several places; also by applying heat to the wood after it has been sawed into blocks or billets, and by boiling the chips of the wood in salted water and skimming off the resin as it floats to the top. This resin is soluble in alcohol with which it is tinctured. The tincture that Professor Lloyd makes contains so much of this resin that when two drachms of it are added to four ounces of water a considerable part of the resin is deposited in the bottom of the bottle. I prepare the tincture for my use by putting one part of Lloyd's tincture to three parts of alcohol. A tincture of this strength will mix with syrup and water, or with water alone, without any of the resin being deposited.

Different practitioners have had much success in the treatment of many different diseased conditions with this remedy. It has been used successfully in the treatment of amenorrhea, dysmenorrhea and some other uterine troubles. Some physicians claim much for its curative properties in the treatment of dysentery.

The pathological conditions in which it has proved curative in my hands are pharyngitis, tonsillitis, laryngitis, and rheumatism in which there is an enlargement of the tonsils or some form of throat affection. I believe that this remedy is as nearly a specific in these diseases as medicine ever becomes

a specific. I think it cures because of its local effect upon the inflamed tissues, and consequently will not be so effective in laryngeal inflammation. Works upon materia medica state that this remedy is to be used only in atonic conditions, but I find that it acts with more certainty in cases where the mucous membrane is highly inflamed, or in cases in which the blood-vessels are congested and contain more than the normal quantity of blood. When the tincture of guaiac is dissolved in water a white precipitate is formed that gives the mixture a milky appearance. It is not pleasant to the taste unless thoroughly sweetened.

The dose of the tincture of guaiac is from two to ten drops, in sweetened water, every one or two hours. The dose will depend upon the age of the patient. In the office I usually prescribe it as follows: ℞ Tr. guaiac, ʒi to ʒiii; simple syrup, ʒi; aqua pura, q.s. ad ʒiii. M. Sig. One teaspoonful every hour.

In the homes I sweeten the mixture with sugar, instead of syrup, and fix it in one-half glass of water.

Dr. Bishop McMillan writes me about this remedy thus: "Guaiac is a positive remedy whenever the mucous membrane is dark red and has the appearance of having been rasped or filed. This condition is occasionally met with in sore mouth, sore throat and in some cases of rheumatism. It should be used only for a short time, for if its use is continued long in large doses it will produce the above indicated appearance."

TREATMENT OF OVARITIS.

T. D. Hollingsworth, M.D., Akron, O.

The patient suffering from an acute inflammation of the ovaries should be kept in bed until the inflammation has subsided.

Hot vaginal douches are necessary three or four times a day. Have the water as hot as can be used with comfort. Libradol should be applied over the tender points until the pain ceases. If the pain cannot be controlled in this way, give ten grains of diaphoretic powder every three or four hours.

For the fever, and for its influence on the glandular structure and the nervousness, give specific aconite, gtt. 5; specific phytolacca, gtt. 30; specific pulsatilla, drachms 1; water, quantity sufficient, ounces 4. Sig. Teaspoonful every two hours. After the fever has subsided the aconite should be discontinued and specific dioscorea added, drachms four, to the prescription if the pain is cramp-like in character or occurs periodically.

Magnesium sulphate should be given at the beginning of an attack to clear the intestinal tract, and if the indication for podophyllin is present, the tongue heavily coated at the base, one-tenth grain doses should be given every three or four hours until the tongue is clear. Specific belladonna, drachms 2; boro-glyceride, q.s., ounces 4, makes an excellent application for local use on vaginal tampons after the acute stage of the inflammation has passed. At this time great benefit is derived from the galvanic current. Use

a large abdominal pad for the negative electrode and a copper ball vaginal electrode, covered with absorbent cotton, for the positive. Use up to forty milliamperes of current this way, to be repeated two or three times a week, or when the pain returns. The Faradic current from the long fine secondary coil and vaginal bi-polar electrode is also good.

Tiger lily, drachms 3; pusatilla, drachms 1; elixir of pepsin, q. s. oz. 4. Sig. Teaspoonful every three or four hours is indicated at this time and will do the patient much good. The improvement, however, is faster when the electricity and medical treatment are combined.

DISCUSSION.

Dr. Sinclair: I wish to speak concerning something that every physician gets in active practice, and some of the gentlemen here may have prostatic disease in some form before they die. A man, sixty-four years old, had been troubled with prostatitis, but said nothing about it until he was in great distress. Urination was almost impossible. I will not describe the disease, the remedy is what I am after. A man from out in the country telephoned my patient and said, "Tell your doctor to get some bulrushes." It is the jointed kind that runs up to a spike, perhaps as high as my little finger; grows in swampy places. My patient called me up and I said, "Let us use anything that will give relief." I obtained some of the plant, steeped it and he drank it. It is not agreeable in taste. We continued the treatment for perhaps a week when he protested, so I gave him chromium sulphate and he has steadily improved. I don't know that he will ever get well, but is very much better. He had a ringing, stinging pain in the glans penis, but that was entirely wiped out in twenty-four hours.

Dr. Kirk: I would like to know whether any of the gentlemen here have had success with chromium sulphate?

Dr. Adlerman: Where there is extreme weakness of the bladder, which is increased from age, chromium sulphate is a specific. I have used it in neurasthenia.

A CASE OF HYPODERMATIC MEDICATION.

Florence Tippett Truax, M.D., Atlanta, Ga.

On September 10, last, the patient in the case was found unconscious with the following conditions present: Profound cyanosis, lips, nails, ala of the nose, earlobes, etc., a deep purple; pulse feeble, thready, 108; temperature, 96° F.; respiration, 60, shallow, jerky, much dyspnea present. She was at once put to bed, warm applications to extremities. Strychnine, 1-80; glonoin, 1-100; digitalin, 1-100, given hypodermically. In about two hours consciousness returned and with it extreme nausea and vomiting. Any effort to give medicine by mouth resulting in renewed retching and vomiting. The heart seemed to make a final effort to overcome the intense congestion, then lost control and reached 160, after which the pulse became uncountable.

In addition to the hospital staff several physicians were called in consultation. Oxygen was freely administered in an effort to supply the deficient oxygenation of the lungs, and hypodermics of veratrum, 5 gtt., were given in the hope of slowing the excited circulation. This had the effect

of bringing down the pulse ten beats to the minute. This, in an hour's time, was repeated with the same effect, and by careful watching was used to control the circulation and add to the volume of the blood stream, keeping the heartbeat at 100 and under, since an increase of this count brought about most distressing and unpleasant sensations.

The patient upon regaining consciousness suffered greatly, complaining of the dyspnea, palpitation of the heart, oppression in the precordia and later of pain and tenderness in the medulla and the length of the spinal column. The dyspnea was somewhat relieved by hypodermics of morphia 1-8, which, however, aggravated the nausea until combined with atropia 1-300, which seemed to somewhat modify the distressing symptoms. The pulse about this time began to flag, while continuing rapid and thready it began to intermit, first one in 18, then one in 12, one in 8, one in 6, and finally missed every other beat. Strychnine 1-60, glonoin 1-100, digitalis 1-100, brought it up and seemed to steady the beat. At the suggestion of one of the consulting physicians a hypodermic of camphor was prepared, two grs. of gum camphor being incorporated in 30 min. olive oil and used as interstitial injection, the deep muscles of the thighs being selected as a point of invasion.

The action of the camphor being slow, and dissolution seemingly at hand, another physician suggested the use of atropia 1-150 in the hope of overcoming capillary stasis and promoting peripheral circulation. With the first hypodermic of atropia the first benefits of the treatment became apparent. The cyanosis became less profound; the surface, which had been cold, clammy and purplish, seemed to warm somewhat and the colliquative perspiration which had set in was soon somewhat checked by this first injection.

The question of nourishment became an important one, since the processes of wear and repair were badly overbalanced. The continued vomiting, imperfect oxygenation and colliquative perspiration were tearing down, while the processes of upbuilding were held in abeyance if not completely suspended. An enema of beef extract oz. ij, egg albumen and sweet cream ℥j, was given, with the result of filling the abdomen with gas and producing much discomfort. As nourishment formed so important a feature in the case a second enema was prepared, normal saline solution, ℥viij, being given as high injection.

At the end of the first twenty-four hours the following conditions were apparent: Cyanosis little modified; pulse, 100 to 130, feeble, thready, intermittent; temperature, 97° F.; dyspnea, respiration shallow, pain and tenderness in medulla and spinal section. Patient much exhausted and dissolution apparently at hand.

It was then decided to push the remedies which had produced any beneficial effects, and so was ordered: Strychnia, 1-60; glonoin, 1-200; digitalin, 1-100, every three hours, oftener if indicated. Camphor gr. ij, in olive oil m. xxx, every four hours; atropia 1-300, alternating with above, every four hours; saline enema every six hours; nutritive enema, as above, with the addition of asafetida gr. xx, to prevent borborygmus.

Exhaustion formed a large part of the patient's suffering; long, sighing respiration showing much distress, and lapses of unconsciousness coming with any increased cyanosis.

At no time was any medication by mouth a warranted procedure. The least introduction of food, or even sips of water, bringing about protracted attacks of nausea and vomiting, thereby adding to the patient's discomfort and prostration.

At the end of forty-eight hours conditions were practically unchanged, except that the cyanosis seemed to deepen and the periods of unconsciousness became heavier and more frequent.

The spine was then covered with the belladonna and capsicum plaster, applied in narrow strips, but if any results were obtained they were transient.

At the beginning of the third day a hitherto dormant pulmonary trouble made its appearance. In spite of the deep cyanosis a dusky flush made its appearance on the cheeks, temperature was 101.6° F., the dyspnea increased and a hacking cough set in.

As no stomach medication was possible, all that was left to do was to push the line of hypodermatic remedies, adding to, or taking from, as indicated. The veratrum in 5 gtt. doses was given to control the pulse and temperature; morphia 1-8 to 1-4 combined with strychnia 1-60, or atropia 1-150, to steady the heart and relieve the intense suffering; cactus gtt. 5 was given in addition. Chloroform blisters, mustard sinapism and hot applications were used to control the nausea, though nothing gave any pronounced or permanent relief.

In seventy-two hours from the beginning of the attack there was the faintest modification of alarming symptoms. The temperature dropped to 100° F., pulse 108, respiration 32, some little improvement in dyspnea, cyanosis and general distress of patient. It was at this stage that the beneficial effects of atropia sulphate became apparent, a hypodermic of 1-150 gr. seemed to very appreciably benefit the capillary circulation, relieving the cyanosis, flushing the surface and bringing about a stronger pulse and more regular beat. Morphia 1-8 to 1-4 in combination with the atropia steadied the breathing and very greatly relieved the dyspnea. Veratrum was abandoned after the first seventy-two hours. Camphor was continued until the rise of temperature and other febrile conditions precluded its use.

In four days from the onset of the attack all symptoms modified, but the stomach never recovered its equilibrium sufficiently to bear medication, so hypodermic use of atropia, strychnia, morphia and digitalin were given as indicated.

The patient had a most tedious convalescence, the heart seeming to be unable to take up its work again unaided and alone. Cyanosis crept in upon the slightest over-exertion and a feeble and intermittent pulse resulted. Atropia in 1-300 gr. doses, repeated as needed, seemed to act most happily in overcoming this condition, flushing the surface, relieving the cyanosis and re-establishing normal circulation. Morphia, strychnia and digitaline were

added as seemed necessary, but atropia proved to be the sovereign remedy, and was administered until convalescence was well established.

The remarkable features of this case are: The sudden and terrific onset of the attack; the variety and number of complications presented; the violence and persistency of conditions present, and absolute inability to administer remedies by any other than the hypodermic method.

DISCUSSION.

Dr. Mulholland: The only indication in these cases seems to be atropia and belladonna. I think, however, that these cases from beginning to end had the indications for atropia and atropia only.

Dr. Bristol: If I find a patient with a sick stomach, who perhaps has been vomiting for hours, I know of nothing which gives such quick relief as from four to five drops of tincture of lobelia in a half glass of water given in teaspoonful doses.

Dr. Smith: In my experience some agent which will stimulate the stomach, as, for instance, champagne, is the best. I use an injection into the rectum of saline solution with the syringe very low, so that only a few drops at a time are admitted. This seems to furnish the necessary stimulation.

Dr. Truax: Mention has been made of the effect of morphia on the mucous membrane of the stomach, and our rule is this: To give a teaspoonful of wine, or a bit of cracker, or any little thing, so that the morphia does not reach an absolutely empty stomach. When a remedy is indicated it makes no difference how it is gotten into the system as long as you get it there.

SPECIFIC GOSSYPIUM.

O. C. Baird, M.D., Chanute, Kans.

In the practice of medicine we all have hobbies. If we have not in the beginning, we soon acquire them in active practice. I would not confine this quality to the physician alone, for even among artificers there is always a tool or a brush or an instrument that conforms to his touch, his stroke or his impression a little more perfectly, more promptly than any other. I do not attribute this to a weakness on his part, nor do I blame the "keep in the rut quality" with which we have aforetime been accused.

I have learned to think of a remedy or remedies as a friend or friends. Some of them are of more and some of less value to me; some faithful to the trust committed, while others are the reverse. We become acquainted with them by a study of them at close range; by observing their characteristics when in action; by giving them in carefully selected cases, and carefully noting results, making sure that there is not some other factor in the case that will render this an unfair proving for the remedy.

Gossypium is such an one. My attention was called to it by the late Prof. Wintermute. After he had expended much time, patience and effort in making the class (to which I had the honor to belong) to understand the value of the remedy, the symptoms, its contraindications, etc., he realized that in my individual case he had failed miserably, and we compromised by

him giving me a goose egg. This was not the end of the remedy, however, for since that day I have considered this one of the most promising remedies for the future and most useful for the present that we possess. It will not pass muster in the research of the dominant schoool, because it will not kill a guinea-pig or even cripple one. It is harmless to man and beast when properly used.

Gossypium may be noted for its kindly action upon the system, and is not unpleasant. It is also true of this remedy, as with many others that are very valuable, that it is slow in its action in chronic cases. This remedy has been from the first thought of as a stimulant, a powerful stimulant to the genital tract. It is not to this use, however, that I beg to call your attention. For its entire field has been in times past as an emmenagogue. In chronic cases we often find the patient complaining of pain in the cervical region, with a tendency for the head to draw backward, with nervousness. Here the field is most its own, as I know of no other remedy that is so certain in its action. In slender, pale-faced girls between the ages of twelve and twenty, losing flesh, morning cough, irregular appetite, and even in a few cases so far as to have the hectic fever; nervousness, nervous chills, etc., when the patient is tall and bloodless—it seems that it is in this class of patients that the results have been best. In these cases also there may be scant menstruation or neuralgic dysmenorrhea. In cases, old or young, where there seems to be a lack of good red blood, here is the picture for gossypium.

In tall, slender, pale-faced boys, with a tendency to nervousness, nervous chills. It may be if we see no improvement we are thinking of a change of climate for this boy. Here we get the beneficent action of this remedy, all other conditions being favorable. The weight will increase, a regular appetite will be restored, and general development will be rapid.

In hysteria, in the acute attack when remedies of the antispasmodic class have failed, I have seen the conditions subside promptly. In this condition we give the remedy in fair-sized doses; and even when the strongest remedies, and even lobelia, has failed, this remedy has pleasantly and most effectually controlled all conditions present.

In chronic cases the remedy must be continued for some time. In insanity in women, when there is alternate melancholia and restlessness, a tendency to walk or get away, she is sleepless, lies with the head drawn backward in sleeping. Many cases of this class owe their mental condition to some pelvic reflex or lesion of the nervous system dependent upon it, with worry, sleeplessness. We may expect much from this remedy in insanity in both sexes. Positive in its action, true to indication, and in a field not crowded.

I use the Lloyd's medicine, for in this remedy, more than any I now recall, there are many inferior makes on the market. In the acute cases mentioned above I give the remedy frequently in half-drachm doses; in the chronic cases probably five to ten-drop doses three times daily. In dysmenorrhea give the small dose for one or two weeks each month just preceding the menses, two or three times daily.

COXA VARA.

E. Younkin, M.D., St. Louis, Mo.

Coxa vara is a condition of the head and neck of the femur to which attention has been called only of recent years. It is not found in the older works on joint diseases, its symptoms perhaps being blended with the results of other ailments of the hip-joint, as found in morbus coxarius and arthritis deformans. It is now regarded as a separate ailment and distinct deformity.

Coxa vara implies a change of the head and neck of the femur from the normal. It consists in bending the neck of the bone downward. The normal neck passes obliquely upwards from the axis of the shaft, while in vara it is horizontal, or in bad cases it is directed downwards. The head and neck of the femur during the progress of the disease is often shortened by interstitial absorption. In young children suffering with rickets the osseous tissue is softened, and the weight of the body upon the femur produces the incurvation of the neck and flattening of the head as it rests in the acetabulum, so that when sclerosis is effected the head is mushroom-shaped.

Rachitis is a fruitful source of coxa vara. Any disease of the bones that produces softening, or extracts the solids from their structure: all stages of adolescence, especially when the person is subjected to much walking or carrying heavy weights—in all such this deformity may take place.

There is no question but that coxa vara is responsible for much of the peculiar gait in walking as seen in many on our streets. The gait is varied, according to the degree of deformity in the neck of the thigh-bone, and it is usually seen in those who have been made "beasts of burthen" while in childhood.

Having had much experience in instructing students in anatomy, orthopedic surgery and surgical diseases, I have frequently come across specimens in the laboratory where the neck of the femur and its head were changed from their normal length, shape and position, and I usually attributed such results to arthritis deformans, morbus coxarius, rheumatism, separation of the epiphysis, impacted fracture, etc. There were some I could not classify from any knowledge obtained from the older authors, but finally came Rose, Carless and Vaughn, with the modern classification of coxa vara, to whom I am indebted for the term. I believe now that coxa vara refers to the condition of deformity more than to a disease *per se*. The term *vara* signifies to change, to deviate, to vary from the normal, and usually the condition is one following rickets, a fracture of the neck, or a slipping of the epiphysis, or it may be the result of some other already named disease. Notwithstanding all this, coxa vara is a separate and distinct condition, and is a wise addition to orthopedic and surgical literature.

The symptoms may vary much, according to the stage in which we find it. The patient tires easily; has some pain in the region of the hip; has a limp upon walking, but there is no inflammation As the neck of the bone becomes softened by the interstitial absorption, it turns downwards and the trochanter rises above Nélaton's line. Now if a measurement be taken from

the inner malleolus to the anterior superior spinous process, there is shortening of the limb. Flexing the leg upon the thigh, it is carried over the opposite leg. If both legs are affected, they assume what is called a "scissors-legged" appearance. Such cases of deformity are seen walking sometimes upon the streets by the aid of crutches.

The motion of the joint is usually normal in its flexion, but impeded in abduction, owing to the trochanter impinging on the rim of the acetabulum. Local tenderness on pressure is absent. There is no swelling. There is no thickening of tissue around the hip, and no tendency to suppuration.

It can be readily seen that a diagnosis of coxa vara in its first stages is somewhat perplexing, but by a careful analysis of its symptoms the difficulties are made clear.

Treatment.—If rickets is manifest and the hip is affected, the treatment should be to prevent further bending by keeping all pressure from the bone. The recumbent posture should be strictly enjoined, and means for extension of the limb should be employed. If it becomes advisable for the patient to be up to have the open air, an extending brace should be employed to keep the weight of the body from bearing on the neck of the bone. Rest is of prime importance; manipulation and massage are of benefit.

Constitutional treatment is necessary until hardening of the osseous tissue is effected. The general indications must be met. I have found much good in the internal use of nux vomica or small doses of strychnine. The phosphates of lime and soda are of use. The syrup of lactophosphate of lime is a most excellent remedy. Keep good digestion and good circulation. Pay attention to cleanliness in the use of tepid bathings. In the latter stages, where solidification of bone has taken place and deformity remains, there is nothing to be recommended but a sub-trochanteric osteotomy to correct or alter the axis of bone; either that or a cuneiform osteotomy of the neck, which may be made. If the limb is left simply shortened, and no great deviation either in or outwards, a thick sole to the shoe may be of great service. The main object of the local treatment is to prevent deformity. The prime object of the constitutional treatment is to tone up and encourage bone hardening, and the operative is to correct whatever deviation from the normal may be found; all of which is possible except that of shortening of the leg.

HEMATURIA.

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Hematuria, or blood in the urine, may result from many causes, and may come from the kidneys, ureters, bladder or urethra. Hematuria from the kidneys may be produced by injury, especially by falls or by blows upon the loins, also from calculi in the pelvis of the kidney, and from acute inflammations from other causes, as well as from chronic granular inflammatory processes, as shown in some cases of Bright's disease. While we may

have hematuria from other sources than that of the kidneys, still it is of the latter that we are more directly interested in the treatment of. The gravity of the case and the recovery of the patient will depend largely upon the cause and source of the hemorrhage. And hemorrhage from the kidneys, whatever the cause may be, is always considered a most serious or grave affection, or symptom of a disease of more than minor import, and thus demands our most skillful treatment and management.

We shall not attempt to treat upon hematuria in all of its phases and sources, but our remarks and line of thoughts here shall be directed to hemorrhage from the kidneys, and more especially to that form of hemorrhage known as malarial hematuria, for in our Southland we have to do more with this form of hematuria than all others combined.

Hemorrhage from the kidneys is very generally attended with a sense of weight and fullness over the loins, and sometimes a dull, heavy, aching pain in the region of these organs. In most cases we will find a disposition to urinate very often, with more or less trouble and pain in the passage of urine. Should the hemorrhage be caused by an injury or blow over the region of the kidney there will be very great prostration, and at times the patient will suffer extreme pain from the congestion produced upon the sensory nerves of these parts. The hemorrhage in these cases will be either active or passive, just in proportion to the magnitude of the injury or trouble causing the hemorrhage. We sometimes meet with cases of passive renal hemorrhage preceding Bright's disease, as well as that produced by typhoid and malarial fevers, which may be brought on by either bad treatment of these diseases, such as by the excessive use of quinine and other irritants, or by the direct force of the disease.

Malarial Hematuria—*Etiology and Pathology.*—This disease, as seen in our Southern country, is thought by many to be chiefly produced by anemia. This anemic condition may be brought about by excessive dissipation by the patient before his health gives down under the great mental and physical strain, which lowers the vitality of the individual and renders him more susceptible to the toxic bacilli or poisonous substances which may be present in the circulation, produced by the malarial bacilli, and causing such destruction of the red blood corpuscles that the hemoglobin is set free in the blood-serum in such large quantities that the liver cannot dispose of it, and hemoglobinuria results.

The blood shows the presence of the æstivo-autumnal parasite as the existing cause. The infrequency with which the affection is said to be observed in the northern or temperate climates has led to the belief that the conditions appertaining to a tropical climate are necessary for its development. As I have said, anything which lowers the vitality of the individual, such as alcoholism, physical fatigue and mental emotion of various kinds, may constitute an important predisposing factor. Syphilis is held by some to possess a particular influence, owing to the analogy between paroxysmal hematuria and malarial hematuria. Changing from one locality to another in malarial regions is frequently followed by an attack of the disease. Many

authors have assigned to quinine an important rôle in producing the hemoglobinuric paroxysm. Hemoglobinuria usually occurs in those who have had repeated attacks of malaria, becoming evident during a relapse. Should it occur in a primary affection, which is rarely the case, it is not commonly the initial symptom, but is usually preceded by a number of paroxysms. Fever, hemoglobinuria and jaundice are the principal clinical manifestations. Age has no direct influence upon the susceptibility to malarial hematuria, though sex may have, as we find that males are more susceptible to the influence of malaria and are much more often attacked with malarial hematuria than are females. An explanation or reason given to this is, that this is a disease most often seen in country life, and that the male sex far more frequently comes in contact with malarial influences by reason of occupation, the tilling the soil, thus upturning and breathing into the system the malarial bacillus. Those in the active periods of life contract the disease more frequently, because they are more exposed to the predisposing causes, whilst the very young and the aged, only because they are less likely to be exposed, seemingly enjoy an immunity, though we meet with many exceptions to this rule.

As a rule, the fever will be found to vary greatly in different cases, the temperature running high in some, with hot, dry skin, while in others the surface of the body is cool, the skin being soft and relaxed, and sometimes covered with a cold perpspiration, the pulse being feeble, small and soft or wiry, but may become full and bounding upon exertion or change of posture.

Diagnosis.—The most prominent local symptoms are jaundice, suffused conjunctiva, flushed face, with great anxiety of the patient, or the expression may be dull, with a sense of weight and fullness in the loins, with a dull obscure pain, sometimes referable to the penis, testicles, hips, inside of thighs, or perineum. The type of the fever may be intermittent, remittent or continuous. Unlike most forms of æstivo-autumnal fevers, the onset of the paroxysm is almost always abrupt, and is accompanied with a marked rigor. There will generally be profuse vomiting of a dark-green or deeply stained bilious material. The pulse is rapid and of increased tension at first, while later it becomes weak and compressible. In the early stage of the paroxysm in which the hemoglobinuria occurs the urine may be of a light red color, which seems to deepen in color to a dark brown or almost black, and, owing to the presence of the bile in many cases the color of the urine is tinged with green, and upon standing it throws down a dark-brown sediment or deposit. The amount of urine, although generally reduced, yet varies greatly in quantity, and in cases may be almost entirely suspended, and usually shows albumen in large amount. Inflammation of the kidneys almost always accompanies or follows malarial hematuria, and in some cases proves rapidly fatal, with symptoms of uremia. In mild cases, however, it is slight, and soon passes away.

Treatment.—In acute hematuria from any cause the patient should maintain the recumbent position and be kept as quiet as possible, aiding rest and quietude by the administration of some mild anodyne or sudorific. And I

know of none better than chloral hydrate in moderate cases. Apply the cold wet bandage around the back and abdomen, the patient being covered warmly with blankets, and a jug of hot water applied to the feet. If there is excitation, as there generally is in such cases, when not the result of an injury, we will administer veratrum or aconite, either, as the small or full pulse may indicate, combined with digitalis, until the influence is marked. Associated with this, gallic acid may be given in five-grain doses every hour or two, or, if the hemorrhage is acute and very severe, it may be given in the same sized doses every fifteen or twenty minutes. In malarial hematuria with fever we usually find the patient suffering from great prostration, and in many cases in a state verging on collapse. Here we will have to adopt vigorous means to save our patient, applying stimulating applications to the back, abdomen and extremities, such as hot bricks or sand, or hot salt, placed around the patient in bed, and the application of cloths wrung out of hot water and turpentine, to the body, and hot cloths from mustard water to the lower extremities. Alcoholic stimulants, in the form of whisky or brandy may be given in moderate quantities, if necessary, for internal stimulation, and if the patient's stomach will tolerate it, carbonate of ammonia and small doses of turpentine may be given. In cases of passive hemorrhage there is nothing better than triturated carbo-veg. given in doses of one or two grains every one to three hours, or the specific medicine ergot may be used in from five to ten drops every two or three hours. To arrest the hemorrhage we give gallic acid in five grain doses, associated with oil of erigeron in three to ten-drop doses, and repeat as often as may be required. Where there is great nausea, with the vomiting of much bloody or bilious matter, the administration of the cold peach-bark infusion with cracked ice will be found most excellent remedies to quiet the stomach and refresh the patient; also an aqueous solution of Lloyd's asepsin with boracic acid and glycerine, given for the same purpose and as a general antiseptic, will be found an admirable remedy, and to the latter a little Lloyd's colorless hydrastis can be added with good effect.

When much irritation of the urinary passages exists, santonine may be given in small doses, and an opium suppository or the tr. of opium injected into the lower bowels, to relieve the irritation of the urethra or bladder.

In hemoglobinuria some recommend highly the administration of the spirits of turpentine in from fifteen to thirty-drop doses every two to four hours. In my judgment, though quinine has been extolled as the one universal specific remedy for malaria, and it has been heralded from one end of our common country to the other as a cure-all for all malarial troubles, still it should only be given in this form of hematuria where there is a strong indication for its use, as shown by marked periodicity; so I seldom use quinia in hemoglobinuria, as I find it seldom indicated.

The relation of a case or two of this formidable disease treated by the writer with marked success may not be out of place, but may here prove of interest.

Case I.—James T. white, farmer, fifty years old, living in Big Hatchey bottom, a very malarious section. I was called to see him on August 23, a year ago. He had been having chills some time before I was called in to see him. I found the patient with a very high temperature, with a quick, full and bounding pulse, and passing at first a light-colored, bloody urine, with frequent action of the bowels, somewhat inclined to dysenteric. The call to void urine and stool was very frequent, with much pain and tenesmus. He was also intensely sick, vomiting much green or bilious matter. The man was very dirty, even filthy, he not having had his clothing and bedding changed (from the looks of things) for more than a month. The reason given for not changing his clothing was the old story, fear of taking cold, or that it would cause him to have another chill and die. The first thing I did was to give him an all-over hot bath, with hot salt water, using plenty of soap. A change of clothing, bedding, etc., was ordered, all of which proved of much comfort and benefit to the patient, and, to his agreeable surprise, the change of things did not kill him.

I put my patient upon small doses of veratrum and ipecac, also small doses of sulphate of magnesia every four hours, and boro-asepsin solution and peach bark infusion, which quickly controlled the nausea, vomiting and diarrhea. The following day the urine had changed to a very dark color. In addition to the above treatment small doses of carbo-veg. and gallic acid brought about a very marked change for the better in just two days, and by the 26th of August the fever was controlled and the urine began to clear up. This improvement continued from day to day up to September 2, when I discharged my patient, it being just ten days from the time I first saw him.

The patient had a slight relapse, with a light return of hemorrhage, on the 6th of September, and I paid him one visit, but by a prompt renewal of same treatment all further trouble was averted, and the patient made a complete and rapid recovery.

Case II.—A girl of eighteen, who had been sick with typho-malarial fever for about three weeks before I was called to see her. She also lived in the Big Hatchey bottom, and was taken sick some six or eight miles away from her home, and another physician was called to see her, whose main treatment was calomel and quinine. The patient growing steadily worse, her father became alarmed at her condition, had her brought home and sent for me. On my arrival at midnight I found a deplorable state of affairs. A sickening sight met my eyes and a more sickening odor met my olfactories. There were great pools of blood on the floor, the chamber half full of bloody urine and fecal matter, and the patient's clothing and bedding were all saturated with the same offensive bloody matter from the kidneys and bowels. She was bathed in a cold perspiration from head to foot and a death-like pallor overshadowed her. There was no doubt in my mind but that the condition of the patient before me was brought about or enhanced by the excessive use of calomel and quinine. The pulse was scarcely perceptible at the wrist, and the patient lay in a semi-comatose state from which it was hard to arouse her. She was also so deaf from the heroic quinine treatment that she could only be made to hear by calling in a very loud voice with the mouth close to her ear. Thinking of course that the patient would soon be dead, I so expressed myself to the family; but, being importuned by the parents to do something for her, I went vigorously to work to resuscitate the patient. I first cleaned up and made the patient as comfortable as possible. I gave her whisky internally and strychnine hypodermically, as stimulants for the depression; ergot and ipecac, carbo-veg. and gallic acid as indicated for the hemorrhage. To my great surprise the patient rallied from the depression in six or eight hours, and we gave the

indicated remedies for the fever, with echafolta and some other astringent antiseptics for the urinary and bowel trouble; also a nutritious liquid diet at infrequent intervals as desired. Strange to say, the patient never had another hemorrhage of consequence, in ten days was convalescent, and had a good and permanent recovery.

MODERN IDEAS OF CANCER.

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While the clinical observance of tumors and their malignant characteristics covers a period of possibly two thousand years, yet our conception of their true etiology must be limited to the comparatively short duration of microscopic knowledge. Before this era it must have been an absolute impossibility for a practicing physician, no matter how skillful, to differentiate absolutely between cancer and some forms of infectious granulomata, such as syphilis and tuberculosis. Even with the present advanced means at our disposal, the question frequently arises, "Is this section one of sarcoma or of a chronic infection?"

Hunter (1728-1793) is credited with being the first man to study the minute structure of tumors. He recognized the similarity between tumors and normal tissues, and stated that tumors are the result of a modification of the formative process. However, but little attention was given to his work, for early in the nineteenth century the theory that all tumors were simply forms of chronic inflammation was proposed by Broussais and met with general acceptance.

Early in the eighteenth century Boerhave ascribed the origin of tumors to the lymphatic system, then newly discovered. Cancer, in his opinion, was a result of the degeneration of the lymph.

The perfection of the microscope to a sufficient degree for use in histologic work was not attained until after 1830, and the first important work on cancer from a histologic standpoint was published by Muller in 1838. All modern ideas concerning the etiology of cancer must date from this period, and then, as now, the profession was divided, one portion favoring the microbic theory, the other that of cellular derivation. Of the latter Muller himself was a firm advocate. Muller, however, believed that all tumor cells were derived from a formative fluid that escaped from the blood, an idea probably retained from the Boerhave school, and it was not until 1858 that Virchow applied his famous aphorism, "*omnis cellula e cellula,*" to the etiologic view of tumors.

Every theory, and there have been many, which maintained a truly autogenous basis for the development of new growths, depends on Virchow's maxim as a foundation. From this sprang the doctrine of Cohnheim, which well explains many tumor formations, such as dermoid cysts and enchondromata of the testicle. Cohnheim believed that during the earlier stages of embryonic growth more cells were produced than needed. In consequence some cells were left which possessed the power of reproduction to

a marked degree. These "rests," as they were termed, might lie dormant for many years, only to spring into active growth when favorable conditions presented, thus forming a strictly embryonic new-growth even in late adult life.

Previous to this, Virchow, who was a keen clinician as well as a laboratory observer, had brought forth his mechanical irritation theory. Attention was called to the frequent occurrence of cancer of the lip in pipe smokers, cancer of the scrotum in chimney sweeps, and the association of carcinoma of the gall-bladder with gall-stones, while recently much has been written concerning gastric ulcer and cancer of the stomach. Bashford, in the latest report of the Imperial Cancer Research Institute, has further demonstrated the relation of chronic irritation to the production of epithelioma. He calls attention to the fact that in Kashmir, where the natives wear next to the skin of the abdomen an oven containing burning charcoal, carcinoma of the skin at the point of contact is frequent; and that in Ceylon and India many women suffer from carcinoma of the inside of the mouth, which fact he attributes to the chewing of betel nut and the practice of sleeping with the plug in the mouth. There are also frequent examples of the occurrence of cancer following the repeated exposure of the same portion of the body to the influence of the X-ray.

It is of interest to note that one form of occupation cancer is at present markedly on the decrease, since the occupation itself has almost disappeared, that is, the scrotal cancer of chimney sweeps, which was so common in the seventeenth century. At present scrotal cancer is a rather rare occurrence.

Ribbet, following Cohnheim's lead, proposed a rather original theory as to the etiology of cancer. He had observed that reproduction of epithelial cells always proceeded from those that occupied a basal position, and also that when an epithelioma occurred, the sharp boundary between epithelial cells and the underlying connective tissue cells was lost, the epithelial cells infiltrating through the underlying stroma. He stated that the connective tissue loses its normal resisting power, or "tissue tension," as he termed it, thus allowing the epithelial cells to multiply abnormally. This theory, founded on observation, depended chiefly on a mechanical basis, and, while ingenious, it is highly improbable, and does not conform with the facts of the disease.

Still another attempt to explain the cause of cancer from an autogenous source places the blame on the trophic nerve system. By the followers of this doctrine the idea is set forth that a chronic irritation causes a destruction of the trophic nerve endings at the point of irritation. This in turn allows the cells to grow without any governing power, their over-proliferation being the result. In every disease condition the cause of which is obscure, the nervous system has ever been accused by some of being the factor responsible. In all conditions so far, experience teaches that this ever-ready desire to attribute the blame to nerve elements is simply another way

of stating that we do not know, and further researches have always shown that the over-zealous nerve theorists were wrong.

Leaving, for the time being, the theories which attempt to explain the autogenous development of cancer, I will take up the various attempts that have been made to prove that this disease is of parasitic nature. Many of the foremost laborers in the field of cancer research have adopted this belief, which was prevalent in the pre-microscopic age, owing to the close resemblance of local cancer lesions to those of certain of the infectious granulomata. As early as 1886 bacteria were detected in cancer by Scheurlin. Since that time almost as many parasites have been reported as there have been investigators along that line. The yeast organisms of San Felice, the protozoa of Thoma and other observers, notably Plimmer, J. Jackson, E. von Leyden and Gaylord, and the Doyen micrococci, have all been thoroughly studied by many capable observers—and found wanting.

Space does not permit for taking up the reasons for and against the parasitic theory in detail, so I will simply summarize the chief arguments that have been advanced in its favor. First, certain cellular degenerations in sheep-pox and smallpox, known infectious diseases, bear a resemblance to similar changes noticed in cancer cells. Next is urged the so-called house infection of cancer, comparable to the cage infection in animal experiments. Again, cancer of the breast in elderly female mice is most generally seen in animals used for breeding purposes. It has also been observed that the continued transplantation of mouse tumors increases the virulence of the tumor. More recently Bashford has shown that the virulence of the tumor depends chiefly on the age of the host. A transplantation will be successful in young mice, but not in old. This also explains to some extent the previously claimed immunity of some mice to cancer inoculation, which fact was urged as favoring the parasitic theory. The transformation from one variety of tumor to another in animal experiments has also been advanced in favor of this idea. However, the transformation noted is invariably from a carcinoma to a sarcoma, a fact that always leaves a suspicion as to whether the second tumor is really of malignant character.

Other facts have been urged in favor of the infectiousness of the process, notably the observations of Perthes that treatment of warts by the X-ray removes the stimulus to excessive epithelial proliferation, resulting in normal epithelium; but none of these observations is in reality conclusive. Certainly all the arguments so far mentioned could be explained equally as well, if not better, by means of the autogenous theory. A similarity between the rapidly proliferating and partially degenerated epithelial cells of cancer and those of known infectious lesions signifies no connection between the causative factors of the changes. It would be impossible to state whether the vacuole in a single vacuolated cell was caused by the application of heat, a bacterial invasion, or a simple lessening of fluid content due to too rapid division. As to contact tumors and direct infection, one could readily conceive such to be possible, even if the cell itself is the active parasite. However, surgeons

have been removing cancers since the time of Hippocrates, and as yet no case of infection from such a source has ever been observed.

Observations of pathologic changes caused by parasitical invasions teach us that the first stage is always one of local tissue destruction. As a result of this, other cells must multiply in order to compensate for the loss sustained. This process of repair calls into action not only the cells at the point of infection, but certain elements of the vascular system as well, chiefly the leucocytes and to a lesser degree the red blood corpuscles. The percentage of vascular cells brought into action depends both on the nature and virulence of the invading organism, and blood examinations have taught us that the total number of such cells may be greatly increased in many instances. Shall we lay the cause of this increase to a mere mechanical or nerve theory, or shall we adopt the more plausible theories that have been evolved since the epoch-making work of Ehrlich, and state that it is due to a definite chemical activity? But to return to the original subject: The local changes following any infection or injury, whether chemical or physical, are always primarily destructive in nature.

Is such the case in the early stages of cancer? I believe that every one will agree that the first positive sign of epithelioma, which we will take as an example, is a loss of the distinct limiting border between the epithelial cells and the connective tissue beneath. In other words, when the pathologist tells us, "This may or may not be cancer, it is suspicious," the section that he has examined shows in no area cellular destruction of any degree. On the contrary, it shows simply an active increase in the number of cells in that locality, some of which are in the stages of reproduction and piled up thickly on each other, with a probable loss of definition of the limiting membrane. In other words, infiltration is beginning. In none of these early pictures is there the slightest evidence of vascular invasion or cellular destruction.

Again, I believe that it is absolutely inconceivable to the majority of pathologists that any outside infection is capable of causing an epithelial cell to reproduce itself within the liver, lung or brain, or even in a lymph gland. Lately several cases have been reported of malignant uterine leiomyomata. How could a parasite cause a muscle cell to invade a lymph gland and reproduce itself therein until the entire structure of the gland is replaced by muscle cells alone? The advocates of the parasitical theory would have us believe that this is just what happens. The invading infection causes the cell invaded to multiply, regardless of outside conditions. As stated above, however, such a procedure would be contrary to all pathologic observations, since the active process in parasitic infection is always one of primary cellular destruction.

In order to explain satisfactorily the causation of cancer, I believe that we must first solve the riddle of life. What is it that causes any cell to divide and multiply? In the instance of the simple ameba we know that this cell may reproduce itself simply by the chemical reaction which occurs between the cell and the surrounding media. Outside influences, either

chemical or mechanical may hasten or retard such division, but the capability of division is inherent to the cell itself. In the case cited, such a division must be the result of chemical changes within the cell—no other method of explanation would be satisfactory. With regard to the cells of the human body, we can also conceive that each cell has within itself the power of reproduction. This power is called into action continually because of the changes normally occurring within the human body. Thus the epithelial cells of the skin are continually being cast off and replaced by those of the deeper layers beneath. The same thing is true of the cells that compose every tissue of the body. Some have highly specialized functions, and their chemical content is found to differ widely, but in all the power of reproduction is present to a greater or less degree. A comparative study teaches that this power of the cell is inherent in the cell, and is not dependent on any special nervous influence.

When we attempt to compare the relative frequency of various forms of neoplastic growth, we come readily to the conclusion that practically all forms of malignant disease are dependent on cells that possess this reproductive power in the greatest degree. This is true not only of the tumor formations which arise from the extremely productive embryonic cells, but also those which occur in late life and arise from apparently normal tissue. Thus the cells which compose the rapidly growing sarcoma in the child of tender years and those which form the lip cancer in the man of sixty have this property in common—active reproduction. Outside influences may stimulate this property to a marked degree, especially if the irritation be so slight as to cause stimulation and not destruction of the cell, but the power of reproduction belongs to the cell itself.

If we consider that every cell has within itself the power of multiplication, we next ask, Why do not these cells keep dividing and multiplying continually? Why is it that reproduction and destruction continue in just such a proportion that the balance is always correct? This under normal conditions must be a property inherent to the tissue also, and it is hardly conceivable to my mind that such depends to any great extent on nerve influence alone. Each cell cannot be governed by a nerve ending which controls this special function of that cell. Such cannot be the case in the lowest forms of life, where there is no nervous system to control. There it must be some property inherent to the cell itself. In the case of the highly differentiated liver cell, it is due to the chemical nature of the cell that it is able to make its specialized product, bile. The amount produced may be controlled to some extent by nerve stimuli, but the ability to produce is possessed by the cell itself, and is not dependent on any outside influence. Constant exercise of the specialized function of the liver cell results in the death of the cell; consequently there must be periods of lessened function on the part of many cells, during which time like cellular elements are undergoing the process of reproduction in order to compensate for the loss of elements destroyed. This process of actual reproduction, as stated before, varies with the need, and is certainly dependent to some extent on outside

influence. In the lower forms of life, however, it is a property inherent in the cell; hence it would not be totally wrong to assume that each cell possesses a definite chemical ferment which controls its power of division and reproduction. As this power of cellular elements is not active at all times, it might not be amiss to proceed a step farther, and state that the reproductive substance is normally stored within the cell as a zymogen, which in turn is changed to an active ferment when more cells are demanded. This demand might depend on chemical or mechanical irritation from outside sources to a certain extent. In the case of cancer, clinical observation has shown that the propability is that mechanical irritation is the *a priori* factor in bringing around the activity of this ferment—especially a low grade of irritation which does not produce cellular death, but instead keeps the specific reproductive ferment constantly in an active state. In other words, we might imagine that when one cell forms two daughter cells under normal conditions, the ferment is present in the new elements as a zymogen; but in the case of malignant disease there is no inactive stage. Instead of pre-enzyme there is always the active ferment, so that this predominates, and the total function of the cell is now one of rapid reproduction only. Thus the cell has acquired as its principal constituent the ferment of active reproduction, its whole nature is changed both physically and chemically, and it is a true autogenous parasite.

While it must be admitted that the above statements are mostly theoretical, yet clinical observation and modern research have demonstrated that chemical ratios are different in cancer individuals. First, we have the work of Crile, which has been corroborated, in part at least, by many others, that shows the blood of cancer patients to be capable of causing hemolysis of normal red blood cells. This surely must be the result of an added chemical ferment to the blood of individuals suffering from malignant disease.

The recent works of V. C. Vaughan concering the chemistry of the bacterial cell tend to prove that in bacterial infections, especially of the lytic type, a ferment is formed which is capable of destroying the bacterial cell through the injection of the specific "residue" of that bacterial cell within the human body. With this in mind, I have attempted likewise to induce the formation of a ferment within the human body which is capable of destroying the cancer cell, through injections of its non-toxic residue into the body from which the cancer was obtained. Examples of the formation of such a substance within the host through normal circumstances might explain the few cases of apparent self-cure of cancer which have been observed, some of which cannot be denied. Whether the malignant process arises from one single cell *per se,* or from several cells in the same locality, has been a matter of some discussion. In my opinion, one single cell is in all probability the first to obtain this new property, and all others are direct derivatives of this one cell.

The plea for a trial of this method does not diminish to any degree the necessity for radical operation. It is undoubtedly true that early and radical operation saves the lives of many sufferers from cancer and prolongs the

lives of many others; but I firmly believe that, even with the most radical measures, the total percentage of absolute recoveries will never greatly exceed the 30 to 50 per cent. that some surgeons report now. The few cells that have penetrated beyond all reach of the surgeon's knife will continue to multiply and grow. I have seen secondary melanotic sarcoma of the liver after total enucleation of the eye twenty years previous, as well as secondary axillary involvement by a breast cancer before the mammary cancer itself could be palpated. The last instance could well be considered as inoperable, with glands the size of walnuts in the axilla and attached to the vessels. My attempt, therefore, has been to establish the ferment which destroys the cancer cell in subjects who can well be considered beyond surgical relief. The injection of non-toxic residue can do no harm, and no other known method is of any avail.

The preparation of the residue has been repeatedly described by V. C. Vaughan in his many articles concerning the chemistry of the bacterial cell. The Shattuck lecture of 1906 describes the preparation in detail, and, as the method of preparing "cancer residue" is the same, I will state the essentials briefly: The cancer material is dissected as freely as possible from all surrounding tissues, after which it is ground in a meat grinder. The material is next washed with water, dilute salt solution, alcohol, and lastly ether. This process removes salts, fats, wax, several proteid bodies, and traces of carbohydrates. The remaining substance is then heated in a flask with a reflux condenser with from fifteen to twenty times its weight of a 2 per cent. solution of sodium hydroxide in absolute alcohol, and by this means it is split into a toxic and a non-toxic group. The toxic portion is soluble in the alcohol, the non-toxic is insoluble, and it is with this portion we have to deal.

The first work with preparations of this nature was done in September, 1907, so that the period of trial is of too short duration to make a report of any value, except in the case of death of the patient or treatment of a patient for recurrence after operation. Consequently in the following brief case reports I will use only cases belonging to these groups. Other patients, after radical operation, have been given injections of the residue, either autogenous or from a like growth, with the hope that its early use might cause the few carcinoma cells left in the body to be destroyed. However, a period of at least five years should elapse in every case of such nature before any conclusions can be drawn, and I will omit those cases from this report.

Case I.—Mrs. S., patient of Dr. Boise, of Grand Rapids, was first operated on in March, 1897. At this time both breasts were amputated, one of which proved to be cancerous. In January, 1901, the glands of the axilla were removed. Other operations were performed in December, 1901, and December, 1902, the exact nature of which I have been unable to ascertain. After the last operation the X-ray was used for one year, since which time its use has been intermittent. In January, 1908, Dr. V. C. Vaughan, of Ann Arbor was called in consultation. Patient at that time showed active recurrence. Several large glands were palpable in the axilla. The arm was swollen and edematous, and there was local recurrence in the wound. Cancer residue, from an adenocarcinoma of the breast, already prepared, was

sent to Dr. Boise, with instructions that injections should be given every ten days. The dosage was 1 c.c. of a 0.5 per cent. solution. Injections were given for eight months. A letter from Dr. Boise, dated September 2, 1908, states that the patient is much better and no nodules can be felt. Another letter, December 18, 1910, states: "Mrs. S. is feeling well, looking well and doing well. The small nodules in the skin have disappeared. The arm is no more swollen, but the ulcer in the center of the scar remains about the same; it certainly is no larger and I think it is a little smaller. This is probably an X-ray burn aggravated by the tension on the scar. Mrs. S. has not used the X-ray since July 1." In answer to a request for information concerning the patient that Dr. V. C. Vaughan made of Dr. Boise recently, he wrote, February, 7, 1910: "At present Mrs. S. is much as you saw her—intense capillary injection due to X-rays; cicatricial tension impairing usefulness of arm; two ulcers (due to X-ray?), apparently not malignant; a valvular lesion of the heart; great difficulty of breathing on exertion, but no edema or other signs of cardiac failure, and no signs of active malignancy."

Case II.—Mr. M. (patient of Dr. Ballin) was operated on February 20, 1909. Exploration revealed a large mass, the size of a child's head, which involved the liver, gall-bladder and hepatic flexure of the colon. The lymph glands were everywhere enlarged and pearly white. No microscopic examination was made. The clinical diagnosis was carcinoma, and the abdomen was closed. The patient received weekly injections of cancer residue prepared from a previous breast cancer. The dosage was 1 c.c. of a 0.5 per cent. solution. The mass became slightly smaller, but no other changes were observed. The patient died on April 30, 1909, from starvation. The most noticeable fact during the course of his illness was that he complained of no pain after the beginning of the injection treatment.

Case III.—I operated on Mr. H. P. (referred by Dr. Gleason) for cancer of the lower lip, June 23, 1909. The tumor was excised, and both submaxillary fossæ were stripped of their lymphatic and submaxillary glands. Microscopic examination showed epithelioma of the lip. Epithelial cells were also found in both the lymphatics and submaxillary glands. This patient failed to return to the office until forced to do so through a glandular recurrence in September. He then entered Harper Hospital, where a neck dissection was again attempted. The cancerous tissue was found to have infiltrated into the muscular structures, encroaching on the larynx and tongue, and also involving the mandibular periosteum. The primary tumor was then split up, together with the submaxillary glands. The amount obtained was so small that it was deemed best to prepare a 0.25 per cent. solution. This was injected near the tumor site in doses of 1 c.c. Injections were at first made every week, later twice a week, and toward the last every other day. Patient died November 28, 1909, from starvation, because he was unable to take nourishment of any kind by mouth during the last month of his illness. Post-mortem examination of the neck showed that the entire right side of the tongue and surrounding tissues were composed of infiltrated cancer cells. A fairly large abscess was found between the base of the tongue and the epiglottis. This had drained imperfectly, and was, I believe, the chief cause of his inability to swallow. It is of interest to note that when recurrence occurred his pain was severe. X-ray treatment was given with the hope of relieving this symptom, but was ineffectual. After the first injection of residue from his own tumor, pain subsided and was always controlled by this means thereafter.

Case IV.—Mrs. B. (patient of Dr. Ballin) was operated on October 7, 1909, because of cancer of right breast. The operation was radical; several large glands were removed from the axillary veins and nerves. A res-

idue was prepared from the patient's own tumor. The attending surgeon had advised X-ray treatment, and these were given until January, 1910. At this time recurrent supraclavicular glands were easily palpable and the patient complained of severe pain. The autogenous residue was then tried, and after the first injection the pain ceased. Since then the injections have been repeated twice a week with apparently favorable results.

Case V.—Mrs. K. (patient of Dr. Ballin) was operated on February 10, 1909, for adenoma of both breasts. The operations consisted of simple removal of the tumors. Appendectomy was performed at the same time. Microscopic examination showed a suspicious piling up of the cells in the tumor from the right breast, and the subsequent occurrence of enlarged lymphatics in the same axilla confirmed the diagnosis clinically. Radical removal was performed October 30, 1909, and sections of the glands showed adenocarcinoma. Since December 30, 1909, this patient has received weekly injections of the residue prepared from the tumor in Case 4. The wound is entirely healed, the patient has gained in weight and feels perfectly well.

Case VI.—Mrs. B. (patient of Dr. Ballin) was operated on for cancer of the left breast December 18, 1909. The glandular involvement was very extensive, involving the axillary and supraclavicular glands. During her residence in the hospital she received two injections of 25 minims each of the cancer residue from Case 4. The wound healed well, and she is apparently in good health.

Case VII.—Mr. C. (patient of Dr. Ballin) was operated on at Harper Hospital February 28, 1908, for cancer of the palate. The operation was radical, nevertheless recurrence was observed within six months. X-ray treatment was given without apparent effect. In November, 1909, four injections were given of residue from Case 3, without apparent effect. X-ray treatments were continued until December, 1909, at which time injections of residue from Case 8 were begun. These were given at first weekly and then bi-weekly. Pain apparently is absolutely controlled by the frequency of the injections. The anterior portion of the tumor mass has healed over completely, leaving a healthy-looking scar, and that portion of the cancer visible has almost entirely disappeared.

Case VIII.—Miss B. (patient of Dr. Ballin) was operated on for epithelioma of the left elbow, March 11, 1908. The malignant growth was completely excised and a large skin flap taken from the abdomen to cover the defect. At the end of ten months recurrence was noticed under the elbow flap. August 2, 1909, it was again found necessary to clean out the cancer cells. From the material obtained this time residue was prepared. The amount was so small that the solution was made 0.25 per cent. X-ray treatment was employed regularly, but by December 20 the recurrence had become so painful that curetting was again resorted to. Immediately after this, injections of the split product were begun. Even with the few days intervening between operation and the beginning of injections, two rather advanced foci of recurrence could be detected. Injections were made at first weekly, and then every other day. A single suspicious area occurred, followed by total disappearance within two days after injection into the area. This is the only form of treatment being used now, and since its beginning the patient has been entirely free from pain. An interesting specimen was obtained from this case just after commencing the injections. A suspicious area was clipped from the arm twenty-four hours after an injection had been given. The microscopic section showed a superficial layer of normal epithelial cells, under which was observed normal connective tissue and fat cells, while under the latter area was a mass of deeply staining necrotic cells which had lost all form and contour. This represented that portion of

the epithelial infiltration which could be reached by the patient's blood supply, and in it no definite cell could be found.

In conclusion, I would say that the results so far have been encouraging. The above patients all had definite signs of recurrence at the time of commencing the injections.

Immediately after the first injection of cancer residue the symptom of pain ceases.

While the growth of new tissue in all patients treated has not been entirely stopped, yet it may be safely stated that its rapidity has been lessened.

I have purposely chosen cases of superficial forms of cancer in which recurrence could be seen, so that results could be more accurately and quickly estimated.

Every tumor should be examined microscopically and the patient preferably treated with the residue from his own tumor cells. This method of procedure should be combined with radical surgical removal and instituted as soon thereafter as possible.

A few cases, whether favorable or not, signify but little, but, if the majority of surgeons who control large cancer material would give this method a trial, definite conclusions could soon be reached.

DIOSCOREA.

R. C. Rodecker, M.D., Holcomb, Wis.

In the language or phrase of the town gossiper, "Have ye heard of the report?" What report, you will ask if you are curious enough to reply to his inquiry. That the committee appointed by the president of the American Medical Association to investigate cactus, echinacea, dioscorea, *et al.*, condemns the drugs, in so far as their internal use is concerned, as having no therapeutic value whatever; and very prominent among them dioscorea stands alone. It would look very preposterous to the common, everyday practitioner that this erudite council of pharmacy should attempt to assume an issue as paramount as this; more especially when they assume that their verdict and opinion is final and dioscorea is to be relegated to the common past, and is later to be a relic of the dark ages. It would seem, in the face of all this, that the presiding officer of an aesthetic body as the dominant organization could select a council of men, who would assume the egotistic attitude that we know all about these drugs and our opinion is final, that these remedies are of no account whatever in the treatment of pathological conditions. Said report must necessarily tally with the report of Dr. Bevan and Prof. Flexner, regarding medical colleges, that only two colleges in Chicago have clean bills as far as the educational and ethical standpoint is concerned. And our poor old alma mater, "Bennett," is classed as Flexner says, "Another one of the plague spots," he calls it, " in the medical education center of Chicago." Of course, as the monarch wills, said reports must

tally, and old Bennett along with the drugs she taught us to use are put upon the top shelf of the N. G. bargain counter, to moulder and never be resurrected in so far as the report of the Council of Pharmacy is concerned. So much for the report of the erudite Council whose chairman in all probability limited his investigation to the meager description of the drug laid down in an old U. S. Dispensatory on the back shelf of his drug store.

To resume, the title of the topic for your consideration is, Dioscorea—another remedy of no medicinal value.

Probably a little history of the drug is necessary, as it has been discarded, and many of you have used it with little or no success. As lucid a description of the plant, as given by "Old Prof. John King," in his dispensatory, page 335, is found in no other work of our school. He says: "This is a slender vine, twining over bushes and fences, in thickets and hedges, and flowering in June and July. It is a native of the United States and Canada, being, however, more common southward, and rare in the New England States. The root is the officinal part. It is long, branched, crooked, woody, of a white color internally; light brown externally, and wrinkled longitudinally, with many fine, long, tough elastic scattering fibers, having a short granular fracture; the fracture under the microscope appears white, pithy, and dotted with numerous light resinous-like spots. It is inodorous, except when bruised, then it emits a faint peculiar smell. Its taste is pleasantly bitterish, sweetish, submucilaginous and slightly pungent. It is not easily pulverized, flattening out in the attempt. The root loses its therapeutic value after being dried a year, so should be freshly gathered, and a preparation used only made from fresh roots."

In reference now, I desire to refer to Prof. John Milton Scudder. In his excellent work on specific medication, page 403, he quotes but five lines in reference to dioscorea. It is as follows: "Dioscorea is a specific for bilious colic, and we also employ it in acute diseases where abdominal pain and tenderness are prominent features. It is a valuable remedy in the early stages of puerperal peritonitis and especially valuable in the treatment of typhoid fever, where there is tenderness on pressure and tympanites."

Now I desire to call your attention to the Allopathic authority on the drug, namely, Shoemaker, in his "Materia Medica and Therapeutics," page 398, says: "Wild yam possesses diaphoretic and expectorant properties, but derives its principal value from its effect upon hepatic functions. In large doses it is emetic. It is of especial service in gall-stones. It quickly relieves pain and spasm, and, provided the calculus or calculi are not of extreme size, leads to their prompt expulsion. After the concretions have passed into the bowels, this remedy is of service in reducing the congestion or inflammation they have caused. A yellowish coloration of the skin and conjunctiva, joined with colicky pain and nausea, suggest the employment of dioscorea. Hepatic indigestion, with a strain of evil consequences, is effectually relieved by the fluid extract in fifteen drop doses before meals. The same preparation effects a marked improvement and gradual cure in chronic congestion of the

liver. In chronic malaria this agent is of decided benefit, and may be combined with arsenic, quinine and nux vomica."

Locke, in his "Materia Medica and Therapeutics," page 101, we find the following, leaving aside his botanical origin and mode of preparation, will proceed to give you what he says: "This remedy is a good one in bilious colic, using five drops of the specific every five minutes. If this does not give relief in an hour its use is to be discontinued. It does not always succeed. A coated tongue with increased paroxysmal pain in the abdomen and gastric derangement indicate its use. It is useful in cholera morbus, stopping the cramps in the stomach and bowels; give five drops every fifteen minutes. All varieties of abdominal cramps are benefited by it. It will relieve some cases of flatulent colic, though in most cases an emetic is needed, as the colic depends on something in the stomach that should be removed. Dioscorea is a valuable remedy in cases of nerve irritation with a tendency to spasm. All pains of a spasmodic character point to its use. In afterpains of labor it relieves; give ten drops every hour, or a teaspoonful of the following: ℞ Specific dioscorea, gtts. xx; water, ℥iv. Mix. Sig. Teaspoonful every hour. Nausea and vomiting of pregnancy are both benefited by this agent when given in doses of one to two drops every one to two hours. It is of some use in dysmenorrhea. Give specific dioscorea gtts. v every hour. Pains and griping after the administration of podophyllin are relieved by its use. All forms of gastro-intestinal irritation are benefited by it."

Prof. Ellingwood's fine work on therapeutics, page 336, says: "Specific symptomatology. In sudden spasmodic, griping pain in the stomach and bowels it acts similarly to colocynth, but is more certain in severe cases, especially if from malarial causes. It is specific in bilious colic; in the pain of passing gall-stones. In mild cases it is valuable in spasmodic colic of any kind. Spasmodic pain yields to it readily, but it is much more certain in pain and muscular spasm of the intestines. Its action produces either immediate or negative results. If, therefore, there is no benefit after one or two hours' use it may be discontinued."

Prof. Ellingwood goes on to describe further, which is merely a repetition of what I have already written.

Prof. Fyfe, in his new work on "Specific Diagnosis and Medication," pages 502 and 503, after he has quoted Gould on the pathology of colic and spasmodic pain, also Byron Robinson and C. J. B. Williams on the same, incidentally speaks of colocynth in connection with dioscorea. He also gives credit to the discoverer, Dr. Bone, of New Jersey. He tells how Dr. Wooster Beach promoted and brought it before the medical profession as a specific in bilious colic. He merely reiterates what Prof. Ellingwood has already written and it is unnecessary to quote it further.

I could continue to quote authors on the subject, but fear I have tired your patience, as you do not relish a paper written entirely upon the compilation of text-books.

To resume: As I have used this grand remedy almost daily for the last

twelve years, simple and alone, and in combination, I feel that I can give an authoritative pronunciamento, and place it in its proper class so far as dosage and usage is concerned. I give men's size doses to men's diseases. You have no doubt observed that the majority of doses have been prescribed invariably from five to ten drops. No wonder they never got any results and became dissatisfied with the remedy. Remember from now on, so long as you have sense and judgment to practice medicine, that the dosage of dioscorea in all cases where it is indicated is no less than from fifteen to sixty drops. Use it in dosage and you will always get results.

THE VALUE OF PASTEURIZED AND STERILIZED MILK AS A FOOD.

HERMAN J. LOHMANN, PH.G., PHAR.D., JERSEY CITY, N. J.

Ever since the science of bacteriology received the impetus through the work performed by the honest laborers in the field of investigation, by such men as Pasteur, Koch, Virchow, Behring, Migula, etc., the world has been overrun by a lot of cheap notoriety mongers and fanatics who grasp at every wisp of straw afloat in the hope of usurping for themselves the immortality of fame due others. This, however, has been the case to a greater or lesser extent from times immemorial. These laborers are the ones to whom fame and honor are due, and who will eventually acquire the same, but in many instances this renown and the accompanying remuneration comes too late to materially benefit the laborer as it should and only to his memory is attached such fame. This is the case with Pasteur, and the operations of pasteurization and sterilization of milk.

We know that sterilization of milk is performed by subjecting milk to boiling temperature, thereby destroying all types of micro-organisms. Pasteur, who has done so much for mankind and at whose sepulchre the whole world bows in homage, and whose name was of sufficient value to those notoriety mongers, propounded a theory, which, however, was not accepted as a fact, and consisted in subjecting milk to about 150° F. (or between 60° and 70° C.) for a period of two to three hours. The object, if any was to be derived, was to destroy the pathogens bacilli tuberculosis and bacilli typhosus and allow the other types of micro-organisms to remain. While physiologists at once contended that the digestive enzymes were secretions of the mucous membranes of the stomach and the intestines, we to-day realize that substances are metabolic products of the great number of micro-organisms introduced into and developed in the stomach and intestines. These lesser micro-organisms are the essentials in the production of the enzymes and succumb more readily to the action of heat than do the higher micro-organisms which it was intended to destroy but remain undisturbed. We see that these lesser bodies were destroyed.

Pasteur, however, did not live to nullify this theory, nor to establish it a fact, and it remained with the world for continued scientific research. Now

was the time for these notoriety seekers, and they grasped the opportunity, and some reaped large financial gains.

While we are speaking of pasteurized milk, let us include sterilized milk. We have previously understood that the proteolytic action is caused by the synbiosis taking place in the milk at body-heat. It is, however, presumed that the milk is free of the pathogenic organisms. The fact having been established that the digestion of the milk is effected through the proteolytic compounds, it stands clearly to reason that this reaction does not take place in the absence of the micro-organisms, and, instead of the breaking-down process being instituted, there is simply a coagulation of the proteid matter in the acid fluids of the stomach, and rather a decay instead of a digestion takes place. This is equal in the so-called pasteurized and the sterilized milk and scurvy is not at all the improbable result of feeding a child on this sort of milk.

This is the conclusion I have reached after a diligent and careful investigation of the processes and I do not favor pasteurization nor sterilization of milk for infant feeding. I will state that during my incumbency as chemist to the Jersey City Board of Health not one fluid ounce of milk has been pasteurized, even though a complete plant had been installed previous to my accession to that position. While we have discussed the question of pasteurization and sterilization of milk, and have come to the conclusion of the inadvisability thereof, let us at this time consider fresh milk. During my research in connection with the milk question I have collected extensive data and my deductions are that no milk for food is equal to fresh, unaltered milk. But let us understand that the milk be procured under proper hygienic conditions, and the milk contain not more than 25,000 micro-organisms to every c.c. This number might seem enormous, but not so if it be known that at times we have as high as 60,000 to 70,000 in every c.c. This number is, however, excessive and shows that the cattle have not been properly housed and cared for. All milk contains these bacteria at the time of drawing from the cow, but a great many are introduced from the atmosphere after drawing. The milk, as drawn from the cow, contains a large number of these bacteria and never until we reach the stage of stripping do we have milk free of bacteria. It must not be construed that I want to impart the idea that these micro-organisms are generated in the udder, but they do multiply there under the same favorable conditions under which we produce them in the incubator. The original bacteria are introduced into the udder through the opening in the nipple. Improper and uncleanly stables, uncleanliness about the udder, and, in fact, the entire animal, uncleanliness of attendants or handlers of the milk, all bear their quota of the responsibility.

Milk when drawn should at once be placed into the cooling place and stirred every ten or fifteen minutes, so as to remove the animal heat as quickly as possible and prevent a continuation of the development in the number of bacteria, and prevent a congestion or stagnation in the milk, which condition is known as smothering. Smothered milk has a disagreeable odor and taste, and is frequently adjudged adulterated, and enters into the

putrefactive state more readily than milk properly cared for at the first instance.

Not only should the housing of the cattle, the drawing of and the subsequent handling of the milk be attended with the consideration of questions of hygiene, but we must not forget the pasturage. The pasture is just as essential in the production of good and wholesome milk. A strip of land overgrown with a lot of ill-tasting and ill-smelling weeds, viz., garlic, ragweed, milkweed or golden rod, is not fit for pasture, as these plants impart both odor and taste to the milk. Dirty, sloppy, swampy pastures have effects on both milk and cattle; disease of hoof, ulceration of the udder, entrance of thousands of bacteria into the milk through the ulcerations, entrance into the udder through the openings in the nipples of thousands of bacteria from the sloppy swamps.

Consider on the other hand a pasture with a clear, fairly swiftly running stream, shade trees for resting places for the cattle, the place grown over with nice fresh grass or clover. Observe the difference in the appearance of the cattle when they are brought in in the evening for milking. As is the keeping, so is the result.

Winter feeding comes into consideration. Feeding of still-slops, refuse from the kitchen and contents of garbage barrels, a practice indulged in by some so-called milk farmers, should not be tolerated, and any person indulging in such practices should be handled by law. Feeding of pumpkins and squash is bad practice. Good clean corn, hay, plenty of clean water (but not in the drawn milk), airy and clean stables, outdoor exercise, even in snow-covered fields, are essential to a healthy condition of the cattle and the subsequent healthy condition of the milk. The milk thus produced and handled and kept in this manner is the ideal food and eliminates from consideration the pasteurized and sterilized milk.

PITFALLS IN AN OBSTETRICAL PRACTICE.

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"Pitfalls in an Obstetrical Practice," is a very large subject. If the writer has a proper understanding of this subject it means the many difficulties a doctor may meet in an obstetrical practice. There certainly are many; when the obstetrician is called to attend a woman in confinement, he is liable to find one or more of the many complications that are met with in this branch of medicine. Now, to attempt to enumerate or even briefly discuss a few of these difficulties or complications would take so much time that the effort would prove a source of annoyance to this Association, so the writer has concluded to confine his remarks to one "obstetrical pitfall," viz.: Puerperal infection.

When the doctor has succeeded in delivering a woman of a child only one of his duties and responsibilities has been discharged. He should keep her under careful surveillance and note any variation from the normal or healthy

condition during the puerperium. Any symptoms of a pathological character, during this period, should be viewed with alarm and active measures for the removal of their cause adopted. Any negligence on the part of the obstetrician at this time is little less than a criminality. Formerly it was calculated that the only source of puerperal infection was the retained lochia, changed by the heat of the body and by fermentation until it became a poison, which was absorbed, producing a septic condition and a resulting fever; now it is known that the infection may come from many sources. The term "puerperal infection" includes any morbid condition that results from the entrance of any infective micro-organisms, during labor or a few days afterward, into the female generative tract.

In 1843 Oliver Wendell Holmes read a paper before a medical society on the "Contagiousness of Puerperal Fever," in which he stated that the epidemic form of this affection could always be traced to a lack of proper precautions in regard to cleanliness on the part of physicians or nurses in charge. In 1847 an epidemic of this disease existed in the Vienna Lying-in Hospital and had a mortality of 10 per cent. One of the assistants, Semmelweiss, made a careful study of its cause, and concluded that it was essentially a wound infection, and was communicated to the patients by the examining finger. Stringent orders were enforced that all parties making examinations of parturient women should carefully disinfect their hands with chlorine water before making such examinations. The result was that the mortality immediately dropped from 10 to 1 per cent. A knowledge of bacteriology gave a good reason for these results.

Women confined in hospitals are often poisoned by the examining hands of the physicians or nurses, who have previously been handling wounds and who were negligent about proper disinfection of their persons. A parturient patient is especially susceptible to the absorption of any poison that is near by, or to which she is exposed, even in a slight degree; for this reason hospital patients of this character suffer from a greater mortality than those in private practice.

The following are the bacterial forms of life now known to be causes of puerperal infection: Streptococcus pyogenes, stapylococcus, gonococcus, bacillus coli communis, Klebs-Loeffer bacillus, pneumococcus, gas bacillus, bacillus typhosus, erysipelas germs, scarlet fever germs, and in fact any pathogenic bacillus introduced into the female generative tract at the time of confinement or soon afterward. Physicians or nurses having in charge patients suffering from diphtheria, erysipelas, scarlet fever or any other infectious disease, should refuse to attend a confinement case unless they change their clothes and properly disinfect their hair and hands.

When these poisons are introduced into the system, they may produce lesions that will involve the entire generative tract, also the parametrium, peritoneum, and causing puerperal septicemia with a fatal malignancy, and occasionally a general pyemic infection will follow.

Puerperal ulcers upon the vulva and vagina will sometimes follow in cases of confinement where proper antiseptic methods have not been used.

They are not likely, however, to produce any systemic disturbance. Cleanliness and applications of carbolized solutions will produce a cure.

Vaginitis is not an uncommon sequence of labor cases; sterilized douches containing carbolic acid and glycerine are curative.

Endometritis is a very common result of the invasion of puerperal sepsis. The denuded inner surface and open sinuses of the uterus invite absorption; the endometrium becomes inflamed, soon takes on a necrotic condition and sloughs. The material discharged is very offensive to the sense of smell. The inflammation often extends to the uterine tissues producing metritis. The lymphatics may carry the poison from the endometrium to the peri-uterine connective tissue, producing parametritis by the same method salpingitis, oöphoritis and peritonitis are produced. Puerperal peritonitis is the most fatal complication of any of the diseases just enumerated. Portions of the necrotic endometrium are occasionally caught by the circulation and carried to different parts of the system, lodging at the bifurcation of the blood-vessels, causing metastatic abscesses in different parts of the body, or so far interfering with the circulation as to produce gangrene of the limbs.

Oftentimes a very grave and fatal mistake is made by physicians in treating the early symptoms of puerperal infection as a malarial attack. In so doing much valuable time is lost that could have been utilized in removing the cause of the systemic manifestation. The early appearance of the invasion of puerperal poisoning should be recognized, and proper treatment instituted, and not confused with malaria. Here is an opportunity to make a mistake in diagnosis that may result in a fatality. Quinine will not cure puerperal infection.

Patients who have been delivered with forceps, or who have been subjected to other obstetrical operations, have often suffered from some form of infection because the instruments used have not been properly sterilized.

Now what shall be done in these cases? In the first place, the doctor should be alive to the dangers of puerperal infection and know that he himself is more often the means of producing this fatal disease in his patients than any other cause.

How can he prevent it? By properly cleansing and sterilizing his hands, also the vulva, perineum, upper and inner parts of thighs and vagina of the woman before making an examination in any case of labor. If he is called upon to do any kind of an operation, see to it that his instruments are sterile before using them. He should be careful to see that the nursing is done in a very cleanly manner.

When the endometrium is necrotic or coagula of blood in the uterus decompose, the uterus should be washed out with a sterile uterine douche. When this is done the patient should be on an incline; the shoulders should be at least one or one and one-half feet above the level of the hips, so the water will return to the vagina readily, thus keeping it from entering the Fallopian tubes and gaining entrance into the abdominal cavity. The patient should be kept on an incline after washing the uterus, possibly not so

great as that just mentioned, to favor drainage. In cleaning out the uterus a dull curette can be used in some cases to advantage. Care must always be exercised in these cases, not to use much force while handling the curette, for fear of opening up the sinuses in the wall of the uterus, thus increasing the avenues for the introduction of the poison into the system. In all cases of puerperal infection the most rational treatment will consist in first removing the cause of the poisoning; after that give the indicated remedies. Veratrum and echafolta are two remedies that will be found beneficial in most cases. The patient should be well supported with proper diet.

PEDIATRICS.

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The Section on Pediatrics solicits a paper from me, and, replying, I give as my theme: "Example, Maternal Impression; Its Influence from Cradle to Grave." The subject, you will doubtless concede, is one of importance; in fact, I do not expect to do it justice, but will aim, in the brief time allotted for such a paper, to awaken attention to this most important matter.

We are born without our knowledge or consent, the most helpless of all animate things. The infant may grow and thrive, yet the early life does not develop even its instinct to provide sustenance for itself. Notwithstanding this, the later life is largely moulded during this period.

I cannot conceive how those who have investigated the influence of heredity can believe it has no part in impressing its influence on the unborn, and while I can see many good reasons for the disbelief, as, for instance, children born of consumptive parents may grow to old age and remain free from its taint, but, remarkable as it may seem, the next generation may exhibit true tuberculosis, showing the stain, or we may say the undeveloped characteristics of the disease, though parents on both sides were healthy, even in many instances robust. I have observed this in several well-marked instances under my observation.

A brief regarding maternal impressions during pregnancy and its influence on the unborn will be in order.

There are many conditions of the expectant mother that may develop unfavorably regarding its influence in its after-effect, that we need give give them careful consideration.

The expectant mother should have the best of hygienic surroundings. In the onset we find ourselves handicapped because in most cases the doctor has no opportunity to impart educational information, which in a general sense is ignored by the mother-to-be. I have often thought, in considering this matter and its vastness of meaning, that if the whole profession would unite in disseminating knowledge, by publications in pamphlet form or otherwise, it might awaken interest and give information, thus by its unfolding make willing listeners and do away with much preju-

dice and superstition that prevails at the present time, for we may well call to mind the old maxim, "Like parents, like children."

I quote from Tanner on "Infancy and Childhood," who relates that a visit to the island of St. Kilda found that the population of that island was decreasing, the excessive mortality being due to the filthy methods of life, especially in cold weather, as effluvia from offal which was stored in their houses was causative.

The air of the island was good, water fine, but the simplest rules governing our well-being were shamefully and ignorantly violated. As an illustration, a clergyman with a family of four children, living as did his neighbors, except the unhygienic surroundings, were healthy. Eight out of every ten, it is stated, die between the eighth and twelfth day of existence.

The mismanagement of children gives an appalling death rate. Infantile diarrhea, cholera infantum and various acute forms of disease are due to a great extent to the ignorance in caring for the little ones. Statistics show that out of 100,000 in the first five years of life, 25,799 children had died. This statement is from the same source.

Let us note for a brief time some of the causes that are at fault:

1. It has come to pass that, as a rule, motherhood is sacrificed to the comfort of the mother from the early period of pregnancy to the end of the first year of the child.

2. She refuses to nurse her child, and bottle feeding and slipshod care of quite too many babes results. The care often is left to the nurse; some girl scarcely in her teens is often installed as nurse, and some mothers know so little of their duty to their young that it is astonishing to contemplate it.

There is a push movement, widely advertised, to stamp out the great white plague. To begin this right, we need commence at the bottom round of the ladder, educational influence before birth of the child, compelling the mother to nurse the babe, unusuals out, to be sure.

Just so long as the present condition of society exists, the great white plague will exist. We may modify the curse, but we are ignoring the true method ultimately resulting in cause removal. *We need be born right,* properly cared for at birth and all through childhood; for it is certain that —

"Education forms the common mind;
As the twig is bent the tree's inclined."

Nearly all members of society that are leaders, that steer the ship of State, have been favored with early influences, maternal and paternal, and when, as a nation, we learn to put in effect the law of heredity, sound minds in sound bodies, eschewing many if not all the follies and errors that society now entails, yes, that prejudice and superstition does not have a part, then will we become intelligent in the minor and major details of every-day life—parents will not shirk responsibility.

We need education in manners, diet, dress—in fine, in the hygiene of early and late life. Tea, coffee and all stimulants should not be any part of children's dietary.

There is at the present time a laxness of table manners allowed the child and youth. On this subject a lady who had the care of a small family, in the discussion of this subject, said she did not believe in denying her children of what she herself partook. I endeavored to point her the reason the effect it might have in shaping the future of the child, by entailing upon it the habit and later on tempting to the formation of other habits. She said she had always used it as a table allotment and it had never harmed her; yet at that very time, and for previous years, that mother had been a victim, and was yet, of nervous trouble that tea and coffee were largely responsible for.

Allowing young children to attend parties fashionably attired, which means improperly dressed, up late at night, in over-heated rooms perhaps. Look at them! Indeed, they are fairy-like, their extremities so scantily clad, their short, fluffy skirts and bare necks and arms, perhaps to go from an over-heated room out into a cold night air, and later, if an attack of croup follows such an exposure, or other serious inflammatory conditions, and, in spite of all the care that can be given it, the child's life is sacrificed, and to comfort the mourners we are told from the sacred desk that it is a dispensation of Providence, the Lord knows best; He has given and has taken the little one to Himself. This is an example of a neglected early education, and of a sermon with false reasoning propounded every day on such occasions—a result of the slipshod education of early life.

An awakening will surely come, for as we, as a nation, become awakened to our duty in this respect, and note the vast multitude of infants that pass to the great beyond needlessly, cause and effect will be considered and general house cleaning will be in order.

As it is now, it is a blot, a shame, a disgrace, a parade of our ignorance with a goodly sifting of superstition and neglect. Bottle-fed infants are imperiled and are four times as liable to sicken and die as those who are nursed by the mother. The effect, too, upon the mother tends to induce sterility, and her female offspring soon become breastless, provided females are born and pursue the same course their mothers pursued.

A special phase of the management of child life by the mother is intimacy. Mothers fail to caress and to take the little ones into their confidence, avoiding all deception, but see that the tenderer years of its life are treated proportionate to age, etc. There are times when great firmness on the mother's part is necessary. It is not necessary, as a rule, to be severe, but the mother need be kind, firm, insistent. If the mother is petulant and allows her temper to take on conditions of excitability, exhibited by loud talk and boisterous behavior, she is sowing the seeds that will be likely to take root and grow to the detriment of the child, it is likely, all through life. Through the emotions great results may be obtained, even to affecting the secretion of the milk of the mother.

You are doubtless familiar with examples of this kind, where the child has nursed its mother just subsequent to some condition as that of anger or the learning of sad news, the quality of the milk being so modified as to

produce convulsions in the child after partaking. The quality of the mother's milk partakes of the varied conditions constitutionally that obtain with her. The food that she eats, the fluid that she drinks, have a governing influence with the nursing babe. If a physician is indiscreet enough to give a mother an aperient with senna therein, or similar acting drug, the consequences are likely to greatly affect the child—perhaps fatally. The mother may be griped, and the baby follows suit, and, if quite young, may be convulsed with a fatal ending.

Take, for a moment, another view germane to our subject. The saloon, cigarettes, cigars and tobacco, we all know have no redeeming features, and the pernicious influence of beer drinking and tippling generally is so glaringly faulty that it would seem its effect upon the race, once candidly considered, the murders and shameful transactions occurring within its walls, the family neglect, the almshouse and various places of confinement outside our State prisons, is appalling to contemplate, and yet we find intelligent people defending the saloons, claiming that it takes away personal liberty, and withal it affords tax-paying people a revenue. Who pays the expense of building jails, State's prisons and houses of correction and other expenses incident to the traffic? Need we license places of vice and iniquity that a few may profit thereby? If the horrors of the saloon traffic could be seen in all its unsightly and ghastly aspects, ruined homes, with all the sufferings that cold and hunger begets, we might recall perhaps the lines in Pope's Essay on Man:

> "Vice is a monster of so hideous mien,
> That, to be hated, needs but to be seen.
> But, seen too oft, familiar with her face,
> We first endure, then pity, then embrace."

I need add but little to what I have said on this subject, yet its gravity affords thought, and is sufficient to awaken in behalf of humanity, present and future serious reflection; and if the same interest can be awakened as is so fully being considered in temperance relating to the question of saloons, and in lectures and publications regarding the traffic in white slavery and prevention of tuberculosis, we will be able to accomplish more and in briefer time, and serve humanity better, as we will strike at the root and basic foundation—cause removal—which, with all the bluster and parade given the three subjects I have just mentioned, is shockingly deficient in a true educational sense.

CONGENITAL ENCEPHALOCELE; SURGICAL TREATMENT, WITH RECOVERY.

FREDERICK MOORE ANDRUS, M.D., LINCOLN, NEB.

Mildred H., of Kansas, was referred to me by Dr. R. L. Bentley, at the age of seven weeks, with a protrusion or hernia as large as a small-sized cocoanut at the base of the skull; forehead drawn down until the top of the head was just a slant from the eyebrows to the posterior fontanelle. The

temporal bones lay closely together, the edges overlapping, giving the head a narrow, pointed appearance, the drawing of the skin over the frontal bones causing a lifting of the upper eyelid, giving the eyeballs a bulging appearance. The skin and membranes over the tumor were stretched until a passive congestion had caused quite marked darkening of the surface. At one point on its surface rupture of the superficial coverings seemed imminent. The skin had the appearance of a bleb or vesicle of large size (one and one-half inches long by one inch in width). A seam about the center of the tumor gave it the appearance of having a septum. After consultation with the parents, and an understanding that the greater number of attempts at cure, either surgically or otherwise, were unsuccessful, they decided to place the case in my hands for treatment.

The child was bottle-fed, and at this time was suffering from a decidedly bad attack of intestinal indigestion, which Dr. Bentley succeeded in relieving. The babe was placed in the hospital at this time (November 11, 1909). My treatment was started by aspirating two drachms of fluid the first day, and bandaging tightly. Contrary to some writers on this subject, aspiration was practiced every day for ten days. The first three days it seemed to refill faster than the aspiration relieved. The fourth day one half ounce was taken, and the amount removed increased continuously up to one ounce on the seventh day, all this time bandaging tightly.

The progress of lessening the size of the tumor was somewhat discouraging, with all authority contending against this method. I noticed about this time, however, that the temporal and frontal bones had begun to separate and the head to broaden in front, the skin over the tumor was assuming a better color, the eyelids coming in some degree to their normal position. Aspiration was continued until no more fluid could be withdrawn. No symptoms developed other than slight nystagmus (or twitching of eyeballs), which was only present for a short period of time after bandaging tightly. All bandaging after the first seven days was done with the patient relaxed with chloroform. About forty anesthetics were given, not including the one given at the time of operation.

On the tenth day I noticed that where the needle was passed through the skin and collodion sealed over it, a drawing of the skin followed. At this time the whole tumor mass was covered with a cast of collodion one-eighth inch in thickness; this was removed when it seemed advisable and a fresh cast applied. This was followed by a marked bulging in the anterior and posterior fontanelles, and entire separation of the temporal bones in front, a broadening of the anterior portion, and a general improvement in the appearance of the head. The face became less pinched, eyelids less drawn, the change from an idiotic face to one having intelligence.

This treatment being kept up for one month, the child gained quite a normal-appearing head and face. All this time she was kept upon remedies such as apocynum, apis and tonics, nux vomica, chionanthus, passiflora, the collodion and bandaging forcing the brain tissue (or hernia) back into the cranium. The collodion I claim as original in this kind of work, also

the length of time of treatment and the use of anesthetics. These methods are not spoken of by other writers so far as I have read. At this stage, apparently all spinal fluid had ceased to accumulate in the hernia. This was forty-two days after baby's entrance to the hospital (entered November 11, 1909). No brain tissue except the dura, arachnoid and pia mater was yet protruding through the opening, as shown in plate 2. Operation was decided upon.

December 28, 1909, an elliptical incision was made, the dura dissected from the skin as best I could, the thinned place spoken of causing a tear, leaving an opening through the membranes exposing brain tissue. I immediately twisted the sac, dissected the dura from its adhesions to the bony opening in the skull, and stitched the dura over the inverted twisted sac, care being taken not to puncture deeper than the dura, approximating the edges with an over-and-over suture. I then placed a block of sterilized paraffin, whittled to fit the opening in the skull; a cross of periosteum, dissected from the occipital bone superiorly and laterally to the opening, was placed and sutured to the opposite edges of the opening. The skin and fascia were then sutured with an interrupted suture, a drainage of catgut was used at the right angle of the incision, moist dressing was applied. The patient's temperature did not rise above 101° at any time after the operation. Her physical condition was not impaired by the operation. Nourishment was taken in five hours' time without causing nausea. The first dressing was done in four days, and the incision sealed over with collodion.

Healing was in greater part by first intention, except one small spot over the paraffin, which afterwards granulated in, and now, six and a half weeks after the operation, the whole line of incision is entirely healed. Keeping the case under observation until March 20, 1910, I found that the opening in the occipital bone had nearly filled in with bone tissue, and had forced the paraffin through the cross strips of the periosteum, causing a bulging. On the 24th day of March I removed the paraffin through an incision in the skin. This healed by first intention. When last examined, March 29, 1910, the case was dismissed entirely healed. The case was dismissed from the hospital January 7, 1910. Weight on entrance, eight pounds; when dismissed after operation, weighed twelve pounds. Total number of days in the hospital, 53.

There was a normal increase of weight and strength during all the time of treatment. Now, at the age of six months, her weight is fourteen pounds. The shape of the head, as shown in picture, is a little high, but is gradually assuming a normal shape.

I consider the success of my treatment due to strict asepsis, the length of time given to the removal of spinal fluid, the paraffin as a filling for the opening and as a cement for leakage of spinal fluid, the continuance of collodion pressure after operation, the cross of periosteum, patience in continuance of pressure on tumor until perfectly certain that operation was indicated.

GAULTHERIA (THE OIL).*

JOHN URI LLOYD, PHARM.M., CINCINNATI.

The first record of the therapeutic use of this oil, as is often the case with valuable medicines, is to be found in empirical medicine. The proprietary remedy, very popular about the beginning of the last century, under the name "Panacea of Swaim," or "Swaim's Panacea," introduced it.

This remedy gave added impetus to compound syrup of sarsaparilla, having become so popular as to force itself to the attention of the profession. The sarsaparilla compound of the name Syrup or Rob Antisyphilitica, was closely associated with Swaim's Panacea, and Ellis, 1843, after giving the formula of " Syrup Rob Antisyphilitica" in his Formulary, p. 67, says: "The above preparation has been asserted by the New York Medical Society to be nearly identical with the noted Panacea of Swaim." The U. S. P. syrup of sarsaparilla compound is thus a substitute for "Swaim's Panacea."

That oil of gaultheria was a constituent of Swaim's remedy, and that it was brought into conspicuity therein, may also be seen from an analysis of Swaim's Panacea (by Chilton), recorded in the *Am. Jour. Med. Sciences,* 1829, p. 542. The following reprint from an anonymous writer in the *American Journal of Pharmacy,* 1831, establishes the subject more clearly, in that it gives a very fair description of oil of gaultheria, as well as making a statement to the effect that it is the same as sweet birch oil, and showing further that many different plants yield the same oil:

"*Oil of Gaultheria Procumbens.*—This is the heaviest essential oil of which we have any knowledge, for I have found it to be 1.17. This furnishes us with an easy mode of testing its purity. The wonderful success of Swaim's Panacea has brought this oil into great vogue with all Catholicons, Panaceas and Syrups of Sarsaparilla.

"It appears to be a vegetable principle secreted in plants very widely separated by their natural affinities. The *Betula lenta,* or Sweet Birch, secretes it in its bark; the *Palygala Paucifolia* in its roots; the *Spiræa ulmaria,*[1] the *Spiræa lobata* and the *Gaultheria hispidula* in their roots and stalks."

But that oil of wintergreen was used somewhat in domestic medicine about that date, and also by Dr. Wooster Beach, the forerunner of Eclectic medicine, is evidenced, for Dr. Beach, in his "American Practice of Medicine," Vol. III (1833, p. 201), concerning *Gaultheria* ("*Gaultheria repens*"), states that "the oil relieves the toothache."

Antedating this paper, I have not succeeded in finding any reference

* Bulletin No. 18 will give a brief history of every vegetable drug of the Pharmacopeia of the United States, 1900 edition. This Bulletin, like other Lloyd Library publications, is not in general circulation, nor is it sold commercially, being designed solely for exchanging for the publications of Societies and Academies of Science. Extra copies will be printed for those who, before May 15, address, with one dollar, "The Lloyd Library," Cincinnati, Ohio.

1 Pagenstecher described oil of Spiræa ulmaria in the Repertorium i. d., 1834, p. 337, and is credited by Procter with its discovery. But we have in this paper a reference that antedates him three years. Still, this anonymous writer is preceded thirteen years by Dr. Jacob Bigelow, as shown in our history.

whatever to oil of gaultheria being used in medicine, although the plants that contain it were generally recognized in pharmacy, the oil being distilled by primitive methods and known to druggists. Thus, as showing that, even if used at all, it could not have been important, I need only refer to a few of the many authorities who would not have overlooked it:

Amœnitates Academicæ, III, p. 14, 1787: "*Gaultheria, Kalm,* (Gen. 487). —*Usus* foliorum in infuso, loca Theæ. *Dixit* plantam Cl. Kalmius a. D. D. Gaulthier, Medico Canadensi, Botanico eximio." No reference to the oil.

Benj. Smith Barton, Collections, etc., Philad., 1798, p. 19: "The Gaultheria procumbens, which we call Mountain Tea, is spread very extensively over the more barren, mountainous parts of the United States," etc. Does not mention the oil.

Pharmacopeia of the Massachusetts Medical Society, Boston, 1808: No mention of the oil or plant.

W. P. C. Barton, Mat. Med., I, p. 171, 1817: Although he describes the medicinal virtues of gaultheria in detail, he does not mention the oil. However, as showing that oil of gaultheria was distilled preceding 1818 I will cite:

Bigelow, Amer. Med. Botany, II, p. 28, Boston, 1818. Pyrola umbellata (p. 15) is herein called wintergreen.

"*Gaultheria Procumbens* (Partridge Berry).—The aromatic flavor of the partridge berry, which cannot easily be mistaken by those who have once tasted it, may be recognized in a variety of other plants whose botanical habits are very dissimilar.

"It exists very exactly in some of the other species of the same genus, particularly in *Gaultheria hispidula;* also in*Spiræa ulmaria* and the root of *Spiræa lobata.* It is particularly distinct in the bark of sweet birch, *Betula lenta,* one of our most useful and interesting trees.

"This taste and odor reside in a volatile oil, which is easily separated by distillation. The essential oil of Gaultheria, which is often kept in our druggists' shops, is of a pale or greenish-white color, and perfectly transparent. It is one of the heaviest of the volatile oils, and sinks rapidly in water, if a sufficient quantity be added to overcome the repulsion of the two heterogeneous fluids. Its taste is aromatic, sweet, and highly pungent.

"The oil appears to contain the chief medicinal virtue of the plant, since I know of no case in which the leaves, deprived of their aroma, have been employed for any purpose. They are nevertheless considerably astringent.

"The leaves, the essence and the oil of this plant are kept for use in the apothecaries' shops.

"The oil, though somewhat less pungent than those of peppermint and origanum, is employed for the same purpose," etc.

In this connection, as indicating that the oil was unimportant, perhaps simply an article of curiosity to pharmacists, it may be pointed out that the "American Dispensatory," of J. R. Coxe, 1825, mentions oil of gaultheria, but does not say anything with regard to its value or use in medicine.

The edition of 1818 does not mention the plant or oil at all.

In studying the pharmacopeial record of this oil, in connection with its materia medica and dispensatory history, the fact becomes apparent that oil

of gaultheria was made in a primitive way by country people (as is still largely the case) about the beginning of the century.

It was introduced into the list of known essential oil-bearing plants of America in the first (1820) pharmacopeia, but was not described. Following this, such works as the American Dispensatories and American Materia Medicas gave the oil a complimentary position, but it was of no importance until brought forward by the analysis of Swaim's Panacea. Not until long after 1820 did any European dispensatory or pharmacopeia give it position.

SUMMARY.—Oil of gaultheria was distilled for druggists previous to 1820, but no public description of the apparatus or method was printed.

The Pharmacopeia of the United States, 1820, gave the first authoritative method of making it.

It was prominently introduced to the profession by the New York Medical Society, 1827, under whose auspices the oil was established as a characteristic constituent of Swaim's Panacea, the report being published in 1829.

We know of no pharmacopeial direction for making oil of gaultheria from any source whatever which precedes the first (1820) Pharmacopeia of the United States, and no reference to its being made from gaultheria or sweet birch preceding Bigelow, 1818.

Thus it is evident that while the plant gaultheria has the advantage concerning conspicuity of name, the same date of introduction and same reference (Bigelow) must be ascribed to both oil of gaultheria and birch.

Swaim's Panacea.—The important fact elucidated by the foregoing history of oil of gaultheria, to-wit, that it first received recognition in this once popular remedy, leads to a few words concerning this compound. In the beginning of the last century a French proprietary remedy, "Rob de Laffecteur," was very popular throughout France and her colonies. It was invented by a French apothecary, Boiveau, who affixed to it the name of Laffecteur to make it popular. In 1811 certain New York physicians used this "Rob de Laffecteur" with success, and Dr. McNevin, who obtained the formula from a French chemist, M. Allion, made its composition public.

Mr. Swaim, a bookbinder, was treated by Dr. A. L. Quackenboss, and experienced great benefit from the remedy. Procuring the formula from Dr. Quackinboss, his physician, he modified it considerably, and put the mixture on the market under the name of Swaim's Panacea. This became very popular, and at last attracted the attention of the medical profession, and by the analysis of Mr. Chilton (1829), under the auspices of the New York Medical Society, it was positively shown that Swaim had replaced the sassafras of Quackinboss' formula by wintergreen oil, and had also introduced corrosive sublimate into the mixture.

Persons interested in this formula and subject will find detail reports as follows: *American Journal of Pharmacy*, 1827, p. 123; *American Journal of the Medical Sciences*, 1829, 4, p. 530; 1829, 5, 542.

In nephrectomy for hypernephroma it is very important to remove the renal vein.—*American Journal of Surgery.*

The National Eclectic Medical Association

QUARTERLY

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THE NATIONAL PROGRAM.

In all formal functions the natural tendency is to fall into ruts and follow stereotyped customs and methods. This statement does not imply disparagement of the management, but merely calls attention to the fact that the frequent repetition of any thing, even if it be something good, in time becomes stagnant and stale, and needs to be changed. It is not always safe to make radical changes, but this sometimes has to be done in order to break the monotony of sameness and give variety and interest to the meeting.

In planning the program for the coming convention, such possibilities have been kept constantly in view. All of the business has to be transacted in four days, and during that time much serious work and some pleasant diversion has to be blended to make the meeting a success. Section work is always the most important part of the program and needs to be carefully considered and arranged. In large bodies two or more sections are usually in session at the same time. This method makes the work somewhat bulky, and not altogether satisfactory, as it breaks the continuity of the subjects and prevents the members hearing all the exercises, so that many good things are missed. This feature has been purposely eliminated from the present program.

The regular work has been divided into six sections. All section work will be done in the main auditorium, and one half-day is allotted to each section. If there are more papers than can be read and discussed in that time, the surplus will be reported by title and referred to the editor of the QUARTERLY for publication. The officers of each section, after an introduction, will occupy the platform and conduct the exercises.

Preceding the section work, representative men from different parts of the country have been appointed to deliver extemporaneous addresses on subjects of interest to the convention. This feature was introduced not alone

to give variety to the program, but also to furnish an opportunity to encourage public speaking. A well-written paper may read well, but it requires a good extemporaneous speech to impress an audience.

As a school of medicine, we are entirely too reticent and modest to publish ourselves to the world as Eclectics, so that comparatively few people are familiar with the name Eclectic or know what it means. Owing to the prevailing ignorance the word Eclectic is often confounded with electric, because of a similarity in sound and spelling, and the Eclectic physician is only known as a plain doctor, but usually a very successful one.

What we need as much as anything is publicity, and to help this movement the Wednesday night meeting was arranged, to which the public is freely invited. Good music will be furnished, and some of our best speakers will talk about Eclecticism and tell the people how it originated and the good it has done for medicine and humanity.

A feast of good things has been provided for this meeting, and it only remains for Eclectics in all parts of the land to become interested and attend the meeting and share the benefits and pleasures of the occasion.

J. A. Munk.

THE NATIONAL.

Arrangements are now about complete for the coming forty-first annual meeting of the National. This is not only an annual meeting, but it is really and truly an annual celebration of the birth of medical free thought in America.

This brings to mind a number of thoughts, all of which should and do apply to our cause, and all of which should and do appeal to every loyal, liberty-loving practitioner of liberal medicine.

Our National Association is an assembly which is wholly democratic in its character and which opens its arms and doors to all of our faith, all who are worthy and well qualified. Its policies and its sessions are alike for the best interests of Eclecticism and the advancement of the cause.

All who come, all who are loyal, all who think enough of the cause to maintain their membership, stand upon an equal footing, and to all alike is extended the earnest solicitation to come in and participate in the business, help shape the policies, aid in assuming the responsibilities and protect and perpetuate the interests and influences of a body of medical men who have given so much and so freely to the cause of suffering humanity, and whose work is not yet done, whose mission should be carried forward and whose example we should feel great pride in emulating.

The evolution of our system of medicine, the marked changes in laws, the rapid rise of standards of medical teaching, the marked tendencies to centralize power and to deliberately smother freedom of thought and action, are some of the things which not only make our perpetuation desirable, but necessary.

To the State societies our National offers a nucleus about which and through which harmonious and effectual organized work may be carried on,

while to the isolated Eclectic it affords the only opportunity to feel the help of and lend a hand to organized effort.

From all along the line comes reports of good work done and successful meetings by the most successful practitioners of a system of medicine that daily receives calls for more qualified men to take old places and energetic young men to enter new fields open to them on every hand. Thus we have many reasons for taking counsel together; many reasons for the perpetuation and perfecting of our National Association; many reasons to push our banner, up, up, and to keep in the column of progress.

Permit us to insist on your cancelling an obligation to yourself by stepping out of the well-worn grooves of daily routine. Come to Louisville prepared to enjoy and enhance the deliberations of the Association by personal participation therein.

The busy man is he who takes time to go. It is he who knows the need of relief from the daily grind, and enjoys the opportunity to take a few notes home to apply to a difficult case. It is a time, also, when numbers wield an influence. Aside from your loyalty and a renewal of your fealty, as well as the individual benefit accruing to yourself personally, comes the mighty influence of a large number of men gathered together in a common cause.

Pregnant with thought is the statement that cold dollars alone arouse little enthusiasm.

This brings to consideration the fact that the financial phase of the question is worthy of all the thought given to it. As a business proposition we must receive the money necessary to carry on effective work.

Yet how much more good will your money do when back of it is your personality, your word of cheer and the encouragement of your presence.

By all means do not fail to discharge your financial obligation to the cause. At the same time try the novel experiment of attending the meeting and lending a hand, a word, a mite of your experience, and return to your home having the four-fold benefit as well as having had a personal influence in making a great and successful meeting. Do not disappoint yourself and deny the cause your timely aid by saying, "There will be enough there without me."

To all this add the fellowship, the entertainment, for which the South is so justly celebrated; the recreation and the formation of new as well as the strengthening of former ties, and we feel that you will find it impossible as well as unprofitable to remain away.

Just at this time it may be well to call attention to the efforts of some of the officials to systematize the work. Many of the ideas offered in the work we do and attempt are not laid down in the letter of the law. This would be impracticable, were it possible. We have endeavored to apply business methods, and work in harmony with written as well as unwritten law, and to aid the State officials.

As yet the evolution of the methods is imperfect and some irritating friction has developed, but in almost all instances our men readily comply with our requests when a full understanding of the intent can be had.

According to the spirit of the laws, no man can enjoy the privileges of the organization unless in good standing. When you receive a statement for dues, it is meant as a favor to you, not an offense, all done at the disadvantage of and by the labor of your officials, who have but one object possible in so doing—the compactness and effectiveness of *your* association. Therefore do not neglect this apparently small matter; do not complicate the work of National and State officers by remitting National and neglecting State dues, for you *must be in good standing in both,* or you are not in good standing in either.

Do not remit dues direct to any National officer, unless you are in a State having no society, and then send three dollars to the *treasurer.* If in a State not affiliating as such, the latter holds true.

If dues are sent direct to the National officers, we have no way of knowing if you have paid the State dues or not. Thus complications arise, making needless work.

If you receive no membership certificate, write the Recording Secretary. No certificates are issued to renewals except the former is lost or destroyed, then an extra fee is to be paid for it.

If your QUARTERLY fails to come to hand, write the Corresponding Secretary, but do not expect it if delinquent in dues.

Do not wait a year and expect all the back numbers of the QUARTERLY, as the issues are rapidly exhausted, and many times the extra copies are not to be had.

Make it a business to boost your own organizations, but a man is a poor booster who fails to pay his dues. If you are in good standing you are a cheerful contributor. Any man feels best when he has faithfully discharged *all* his duty.

If you do discover any errors of action or of judgment, kindly draw attention to it with a pleasing suggestion for correction or betterment. Go to your meetings and make a strong fight for right, for your ideas of things looking to the good and success of the cause. If some other idea is supported by a majority, support the majority.

If you are so unfortunate as to be compelled to remain at home to attend some "granny case," send a cheerful representative in the form of your dues and a live, well thought out contribution to the program.

W. P. BEST.

THE LOCKED DOOR.

Under the above caption the *Journal of the American Medical Association* has an editorial on the recent fire in the Triangle Shirtwaist Company's factory in which the lives of over one hundred and forty people were made to pay the cost. It says: "Our modern industrial organization permits a 'captain of industry' to hold the lives of hundreds and thousands in the hollow of a callous and unsteady hand." The truth is the "captains of industry" are holding not only the lives, but seemed destined to control every

feature of our existence, financial, moral, industrial, educational and legislative.

The truth is, much of our legislation, or possibly better, its enforcement, is not for the rich but for the poor. Ohio has had similar experiences to the above fire. Only recently Cincinnati had the burning of the Chamber of Commerce; a little earlier, the Neave Building, and no one has forgotten the Collinwood fire. We had previous to these fires, laws upon our statute books looking toward safety in case of fire. After the Collinwood disaster a spasm of righteous indignation swept over the State and awoke our State officials. Inspectors visited the villages and cities, ordered fire escapes, remodeled buildings and furnaces with a view to the prevention of similar disasters. What was the result? Villages were compelled to comply with the rulings of the fire marshal's office, whilst cities practically ignored them. The Neave Building and the Chamber of Commerce fires present exhibition of its enforcement.

The writer had a practical lesson in the enforcement of the law and the fact was forced upon him, the larger cities are allowed to ignore the State laws, whilst in villages school buildings, modern in design and provided with egress in case of fire, and from which a person could drop in safety, must obey. We know of hotels in which in case of fire human beings would be trapped like rats in a trap. The inspector says they are fireproof. Had State officials discharged their duties and compelled a compliance with the laws, as they existed at the time, the Collinwood disaster would not have occurred. Is human life so cheap that the rich and powerful, or the one's enjoying a political pull, or those with a large political influence, can be permitted to evade the laws? It is a sorry spectacle indeed when men elected or appointed to enforce our laws, protect the people, conserve their lives and health practically ignore all for the purpose of gaining political favors or prestige. An honest enforcement of the laws should be had, no matter where the hardship may fall. It would be far better to insist on the protection of human life, no matter how humble that may be, than to spend days, weeks and months sparring for political advantages.

When will men arraign themselves on the side of morality, justice and regard for the rights of the citizenship instead of blindly following political party? There can be no party lines joined when the lives and health of the people are concerned. Neither does a spasm of righteousness avail after the occurrence of a disaster such as has just been experienced. Our daily press herald what the officials will do to obviate a repetition and a righteous indignation follows, but in a month it is all forgotten by all save those who have felt the blow. Inspectors forget to inspect, owners ignore the summons to repair, and if they be of influence they are allowed to ignore the demands to provide adequate protection of life, and thus history repeats itself, and we sleep on until we are aroused by another disaster. The people can never hope to maintain their just demands until they learn to throw blind partisanship to the winds and demand of our officials just and equable enforcement

of the laws, without regard to political influence, or else be relegated to private life.

We do not need more law, we simply need an enforcement of that which we now have. M.

FEWER AND BETTER.

"The lay press has taken up the cry which has been passing from one medical periodical to another that there are too many doctors. One journal estimates that there is one doctor for every 800 inhabitants, and moralizes impressively because of it.

"There are also too many lawyers, too many dentists, too many grocers, and if we are to judge by the opposition of certain trade unions to the admittance of apprentices there are too many laborers.

"A certain man by the name of Malthus anticipated all this clamor as to a surplus in various professions and arts by announcing many years ago that there were likely to be too many people.

Restriction seems to be the fashion from the production of additional Americans to the coinage of gold eagles, a recent Act of Congress prohibiting the coinage of any more gold for three years.

"The motto heard on all sides is 'fewer and better,'—fewer and better doctors, fewer and better lawyers, fewer and better babies, fewer and better cows.

"All this leads up to the natural reflection as to who is superfluous. There are those of public spirit who may consider that they are unnecessary to the great scheme of affairs, but, even so, the law prohibits their committing suicide.

"It is certainly a badly mixed situation which confronts us in the year 1911."

* * *

" 'The medical profession is overcrowded. It is not overcrowded by the survival of the fittest, but by the survival of the unfit.' This statement was made February 27 by Dr. Alexander Hugh Ferguson, president of the Chicago Medical Society, in an address of welcome to members of the Association of American Medical Colleges, which began a three days' meeting there. 'With a population of about 90,000,000 in America, we have at least 120,000 who are legally licensed to practice medicine,' continued Dr. Ferguson. 'This is about one to every 800 inhabitants. In England the proportion is 1 to 1,250; in France, 1 to 2,175; and in other countries the proportion is still more favorable to the medical profession. To sum it up, we don't need more doctors, but we do need a better brand. It is my deliberate opinion that this evil, which is due to a large number of irresponsible medical colleges, would be remedied by free medical education. The latter must be standardized, systematized, and glorified.' "

The above clippings from the *Medical World and Monthly Cyclopedia and Medical Bulletin* contain a vast amount of truth. As is said, more truth than poetry. The present agitation emanates solely from a selfish motive. It is not for the "Dear People," but for the benefit of the few. Curtailment or controlling the output, and hence the price, is one of the objects of trusts and thus they control the market. One speaker even advocates the formation of a "Medical Trust." Some of us fancy such exists at present. The present agitation among university men, many of whom possibly have never

practiced a day, has for its ultimate purpose the elimination of the smaller medical colleges. Not only the medical colleges, but, from the public utterances of many of those agitating the question, the smaller literary colleges as well.

It is an open question whether better work is done in the large university or the smaller college. Personally we prefer the small college. Post-graduate work may be better accomplished in the university, but not the undergraduate work. If noses were counted and proportions worked out as to the future success of the graduates, we fear it would fare hard with the university. In the tests for the Rhodes scholarships, success in one State at least, in two successive years, came to the graduate of the small colleges. There is too much agitation and some of the agitators ought to read anew the story of the woman taken in adultery and make a practical application of the lesson.

Comparisons are odious and the comparison of our educational system with that of the old world is not fair nor just. The comparison should be carried further and the financial condition and the income of the foreign physician compared with that of the American. The educational advantages of the people compared with that of the American, not the foreign aristocrat with the American, but the people as a whole, the social position, the economic condition, etc. If comparisons are to be made let us have it all, not in part.

We have previously called attention to the fact that the preliminary requirements in England are not higher than in Ohio, Michigan or New York, and our authority is the publication of those clamoring for elevation. The rigidity of the examinations simply begs the question. M.

APOCYNUM, U. S. P.: CANADIAN HEMP.

"*Description.*—*Apocynum,* genitive *apocyni* (*Apocynum cannabinum*). The part official is the rhizome. This plant should not be confused with *Apocynum androsaemifolium,* as the latter drug has properties different from the official drug. Preparations are probably, however, often made from the wrong apocynum, consequently the results are different. A non-glucosidal, crystalline principle has been isolated named apocynin.

"*Local Action.*—The drug has no external action, but is an irritant to mucous membranes and readily causes vomiting, purging, and severe gastro-intestinal irritation.

"*Systemic Action.*—This drug has long been used in dropsical conditions, especially in cardiac edema. It has also been used in ascites, and in hepatic cirrhosis with consequent disturbance of the circulation and edema of the lower part of the body and lower extremities. Good preparations from true *Apocynum cannabinum* have been shown to raise the blood-pressure and stimulate the cardiac muscle to stronger contraction. The diuresis caused by apocynum is doubtless more or less due to the improved circulation, and the diuresis is similar to that caused by digitalis. The pulse is slowed by stimulation of the vagus nerves, such action being similar to that of digitalis. Whether it has a specific stimulating action on the kidneys, causing increased secretory and excretory activity besides that caused by improved circulation,

has not been determined. While its action has been noted clinically to be satisfactory, it is so frequently irritant to the stomach that for this reason its utility is impaired.

"*Action of a Therapeutic Dose or the Primary Physiologic Action.*—The action of this drug is uncertain and the dose is uncertain, depending on the activity of the preparation procured. The desired and expected action would be to slow the pulse, to strengthen the heart, to raise the blood-pressure, and to increase the output of urine. Undesirable action is to cause gastric irritation, nausea and vomiting.

"*Toxic Symptoms.*—These would be the same as would be caused by a gastro-intestinal irritant. By administration by the mouth it has not been shown that this drug could seriously injure the heart. Large doses would doubtless too rapidly cause vomiting to allow systemic poisoning.

"*Therapy.*—Apocynum has been repeatedly reported clinically to be of value in general anasarca and in ascites. If there is cardiac defect its action and efficiency certainly cannot be compared to that of digitalis. In cirrhosis of the liver it is an undetermined question whether it would be any more valuable than other diuretics. When the drug has been pushed it has been noted that some congestion of the kidneys has been caused. It would be a question, when such kidney congestion occurs, whether it is not due to other causes than the drug.

"*Contra-Indications.*—The contra-indications are gastro-intestinal irritation, and especially a tendency to nausea and vomiting.

"*Official Preparation.*—The only official preparation is Fluidextractum apocyni; dose 1 c.c. (15 minims). The powdered drug itself may be administered, if desired, in dose of 1 gram (15 grains). Administration of the crude drug, however, would be senseless, if a reliable fluid extract were available.

"*Unofficial Preparations.*—Apocynin may be obtained both as the crystals and in an amorphous form. The crystals are white. The amorphous form occurs as a white or yellowish-white powder, and contains a resin. Both are soluble in alcohol. A tincture of apocynum may be obtained, the dose of which would be about 1 or 2 c.c. (15 to 30 minims).

"*Apocynum androsaemifolium* (dogbane), sometimes called the wild or mild, ipecac, has been used in chronic constipation, but it is irritant. The dose of the fluid extract is about 1 c.c (15 minims).

"*Administration.*—The best preparation is undoubtedly the fluid extract, but the activity of this drug and preparations, as above stated, is uncertain. The only excuse for its use is as a diuretic in dropsy. The drug has been used as an emetic, but such use is inexcusable. Other emetics are better and more certain.

"It would be well to omit this drug from the Pharmacopeia unless it can be assured that the *Apocynum cannabinum* is the only apocynum used and that there can be some standard of activity. It may become a useful drug, but it cannot be depended on at present, and doubtful drugs should not be certified to in the revised Pharmacopeia.—*Journal A. M. A.*

* * *

"Apocynum in Heart Disease.—Our regular brethren have for a long time contributed scattering articles to medical literature in favor of apocynum. One of the most recent is contributed in an article by Dr. Wm. M. Gibson in the *New York State Journal of Medicine.* He praises the drug as follows: Of the treatment of dropsical effusions and general anasarca much might be said if time permitted, but I want especially to call attention to the efficacy of one drug in the treatment of this distressing and often obstinate

symptom, apocynum cannabinum. From no other remedy have I obtained such marked relief in the various degrees of dropsy as from the use of a reliable preparation of this common herb. An infusion of the fresh roots gives us the full medicinal value of the drug, but the fluid extract may also be used when the roots cannot be obtained. If the fluid extract is employed it is advisable to give it in capsules, filling each capsule at the time the dose is to be given, its exceedingly bitter taste can only be covered in this way. Its action is exerted on the heart muscle and is also markedly diuretic; it carries off large quantities of water through the bowels, and this, too, without any serious disturbance of digestion or the depressing and exhausting effects of powerful cathartics. While numerous references to its value in dropsy have been made of late, it is an old remedy and one well worthy of trial in the treatment of the frequent complication of cardiac insufficiency."—*Medical and Surgical Review.*

* * *

"THE ACTION OF APOCYNUM.—Drs. Dale and Laidlaw (in the *London Hospital Magazine*) have investigated the action of this drug, and their account of it is published in *Heart*. The active principle recently isolated from apocynum cannabinum by Finnemore exhibits properties identical with those of the substance obtained from apocynum androsaemifolium by Moore. These are named respectively cynotoxin and apocyamarin. Crystalline apocynin has but the feeblest physiological action when pure. The diuretic action of apocynum has earned for it in America the name of the 'vegetable trocar.' The action is in all respects a characteristic digitalis effect. The doctors have not yet determined accurately the exact position of the drug in the digitalis series, but they find its vaso-constrictor action is considerably more powerful than that of strophantin; its action on the heart is slightly weaker than that of the latter. On the other hand, it is excreted or destroyed with comparative rapidity, and there is experimental basis for the statement that apocynum is not cumulative in its action. The question whether it is excreted or destroyed within the body remains open for the present. It is thought that the employment of the pure active principle should eliminate the drawbacks which have hitherto restricted the use of this drug, for these are probably due to the presence of other constituents of an irritant nature on the crude extracts. The rapidity with which cynotoxin acts enjoins caution with respect to subcutaneous dosage: it is not suggested what the latter should be."—*The Charlotte Medical Journal.*

Compare the above articles, all from Allopathic sources, though the second article was clipped from the *North American Journal of Homeopathy*. It is evident to the writer that the writer of the first article does not know the value of apocynum from a clinical standpoint. His knowledge is probably solely experimental or acquired in the laboratory. We have used it for twenty-eight years and can fully attest to its value from a clinical standpoint, having used it singly and in simple combinations. Why should one cast aside their own deductions, gained by practical experience, at the suggestion of one who has never had nor will not attempt to gain his knowledge practically? M.

Abraham Flexner, or some one who wrote the section "Sectarian Schools," in Bulletin Four of the Carnegie Foundation, says that "Eclectics are drug mad." We do not dread the criticism, nor impute any ulterior

object to the writer of the section, but let us see for a moment if the imputation be true.

In the *Journal of the American Medical Association,* for December 3, 1910, under "New and Non-official Remedies," we count sixty. In February, 1911, issue of the *Illinois Medical Journal,* we count thirty-four, all proprietary remedies. Eighteen of these belong to some one of the large packing houses.

There are said to be about eight thousand Eclectics in the United States. Are these eight thousand responsible for and maintain the large number of pharmaceutical and chemical houses in this country and in Germany? Are they responsible for the energy displayed by these houses in advertising and maintaining the large number of salesmen on the road? Representatives of three were in my office to-day. The trouble is our friends have not found themselves therapeutically, hence the diligence displayed in introducing such an array of remedies. Not having found themselves as yet, their men instinctively turn to us for relief. On my own restricted bailiwick we have four of our friends, all of whom are practicing and studying Specific Medication. No, we are not drug mad. We have a few remedies which we are studying clinically and attempting to perfect our knowledge of them. It is your friends, Flexner, who are introducing remedies daily, many of which will find an early grave and most of which are proprietary. Oh, consistency, thou art a jewel! M.

A MEDICAL COMEDY.

"During the week of February 27-March 3 there was enacted at the Congress-Auditorium Hotels in Chicago a veritable medical comedy in four acts, each act being in a way a sort of independent wax-works with a general trend to unite and yet a wholesome fear that a union would put some of the aforesaid wax-works out of existence.

"The actors were composed of physicians, Allopaths, Homeopaths, Eclectics, Physio-medicists, lawyers, judges, university presidents, examining board members, educational council members, etc. There were those who favored the medical trust and those who did not; there were those who favored one, two, three and four years of college work as a preliminary requirement to entrance, and those who did not; there were those who favored all sorts of hospital service, all sorts of curricula and all sorts of examinations, even those who believed physicians should be examined every ten years, and even those who favored that doctors be regulated as saloons, one each for so many inhabitants, with a sort of local option to prevail.

"The first act was presented by the Association of American Medical Colleges, which is claimed to be an independent body under allegiance to no medical associations, and has to do exclusively with the medical colleges belonging thereto, its chief aim being to advance medical education. It is apparently liberal in its provisions, and would welcome any college to membership of whatever school of medicine, provided its requirements were sufficient to entitle it to membership. This association at this meeting fixed as minimum entrance requirements a four years' course in an accredited high school, full and complete with no conditions. Formerly this association trained largely with the American Confederation of Examining Boards, but at this meeting it seemed to have abandoned this corporation and to pay

court to the National Association, and the reasons therefor seemed to be medico-political. The reason given for this change of heart seemed to be the liberality of the American Confederation over the National Confederation in respect to other schools of medicine, and the comedy of the situation lies in the assertion that the association itself is liberal to other schools, and the pointing to the excessive liberality—on the surface, of course—of the National Confederation.

"The second act consisted of the meeting of this latter liberal body, the National Confederation of State Medical Examining and Licensing Boards, of which Dr. Joseph C. Guernsey, a staunch Homeopathist, of Philadelphia, was the president, and an excellent one he was. The program included several Homeopathic physicians, among whom were Drs. Hinsdale, of Ann Arbor; Copeland, of New York; Cobb, of Illinois; Royal, of Iowa; Hill, of South Dakota; Beebe, of Ohio; Carr, of Nebraska, and Cranch, of Pennsylvania. The change of heart of this association over that of four or five years ago excited comment. The reasons were not apparent on the surface, yet to the man up a tree it seemed as if a desire to cripple the competing confederation by winning over the support of the sectarian schools was a dominant idea. There were good papers presented, good discussions, but nothing done of any practical use. The plot was helped along by the heavy man, Mr. Abraham Flexner, who decries politics in his writings, but who was there with the "bar'l," and who was politician enough to offer to foot the bills of college inspection if the two confederations would unite and place all such matters in his hands. Thereupon, of course, an invitation was sent to the American to come into the fold and to climb on to the band wagon. Of course, while the National posed at this meeting as the exponent of exceeding liberality, which was apparently helped along by the presence of so many Homeopaths who were either on the program or came out of respect to the president, one can easily see the effect on the sectarian schools by delivering their management to Mr. Flexner.

"There were a lot of Homeopaths present at this meeting, the following being probably a complete list: Drs. Hinsdale, Copeland, Carr, Hill, Mann, Royal, Cobb, Tenney, Haseltine, Cranch, Dewey, Beebe, Dieffenbach, of Chicago, and Walton, of Chicago. The questions that seemed to prevail were, What does it all mean? Why this suddenly developed love for the Homeopathic profession? And with such men as Bevan, Colwell, Vaughan, Flexner and others at the helm the answer is not difficult.

"The third act was furnished by the meeting of the Council of Medical Education of the American Medical Association, being in fact a direct continuance of act second. The thermal therapy continued, elaborate papers were presented and discussed, literature was passed around, model blanks and rogues' gallery pictures of criminals who in certain States are required to be photographed and possibly measured according to Bertillon, before they can appear before an examining board. A great array of impressive talent was presented to prove that this meeting represented not only the brain and brawn of all medical educational matters, but the essence of medical politics and the soul of the great medical syndicate, and war to the knife of all who attempted to play in other houses.

"The fourth and last act, in fact, the climax, was enacted by the meeting of the American Confederation of Medical Examining and Reciprocal Licensing Boards. This confederation has as president Dr. W. A. Spurgeon, of Muncie, Ind., a Physio-medicist, and all schools of medicine are represented upon its councils. This confederation has undertaken the work of college inspection and of reasonable college regulation, and is doing something besides talking. It is actually acting, and although its work is incom-

plete, it is actively engaged and promises good results. The objections to this confederation by the other bodies are growing ones, and some of them were made openly upon the floor of the meeting. For instance, one objection was that its inspecting board was composed by a committee consisting of a majority of sectarians, which, of course, nullifies any valuable inspection. The committee of inspection was made up of three Allopaths, two Homeopaths, one Eclectic and one Physio-medicist, and in the inspections that were made the Allopathic members were conspicuous by their absence, and the real excuses, therefor, were not presented. Then, too, the qualifications of the inspectors were questioned, and in one case the legality of one of the sectarian men serving was questioned, although not at present a member of any board, the State board of his State unanimously chose him to represent them. In fact, the comedy of the situation laid in the fact that the Allopathic members were not in the majority, and hence no satisfaction could be given by such inspection no matter how thorough; men are qualified to serve on examining boards, but unless 'regular' are distinctly disqualified from inspectorship. However, the work of this confederation is to proceed, and doubtless it will do good work. The invitation to join the National Confederation was received and referred to a committee. It is not likely, however, that there will be any union. It may be feasible in the future for both confederations to disband and organize a new one from the two. Provided all schools of medicine could have representation on the committee of inspection, as they have at present on most boards, there could be possibly no objection. But in our opinion it will have to be entirely divorced from all allegiance to any medical association of any school of medicine, and from the control of the Carnegie Foundation and Mr. Abraham Flexner and his 'bar'l.'

"To sum up. We have always thought the Association of American Medical Colleges was fair to our school of medicine, but we have become suspicious of its growing allegiance to the National Confederation, and, if this latter association absorbs the American Confederation, bringing this body under the control of the former, and hence of the American Medical Association, it will only be a question of time before the Association of American Medical Colleges is swallowed by the Council of Education of the American Medical Association. If our colleges would strengthen the American Association and postpone this day we would urge them to join it. But under the present outlook it is a question as to whether it is wise to join and pay our good money therefor, only to have to withdraw in the near future.

"The National Confederation is part and parcel of the American Medical Association. We do not believe in its sincerity as regards the Homeopathic school. It has never played anything but a politic game with our school, and it is our opinion that those who are shouting for it are deceived. The eagerness to consolidate is suspicious, and its antecedents and present allegiance should make us hesitate to accept their advances. The Council of Education of the American Medical Association has no use for anything without the pale of the medical trust. Its trickiness in the past in condemning our medical schools is known. It has no authority over Homeopathic schools, and it should have this fact impressed upon it by our medical college officers.

"The American Confederation is the one body that has ever been fair to all schools of medicine. It is the one association of the four that has treated us with respect. It is the one association that is doing work, and we believe it is the one association that all schools of medicine can trust. In the event of its absorption by the National and the American Medical Association it would not be a bad idea for the members of the various examining boards

who represent the sectarian schools, and they are many, to form a protective and defensive confederation of their own."

* * *

INSPECTION OF MEDICAL COLLEGES.

"This has become a veritable farce, so much so that apparently medical colleges and their officers have little else to do except to prepare for the same and furnish reports. The Council of the American Medical Association was perhaps the first in the field claiming and still claims the right to inspect and report upon all schools of all sects.

"The Councils of Education of the Homeopathic and Eclectic schools inspect the colleges of those schools, and by courtesy Allopathic and Osteopathic colleges, reporting to their respective organizations.

"The Carnegie Foundation assumes the right to inspect and report upon all medical education of all schools of medicine, and to print its exhaustive report.

"None of these inspecting bodies has any legal right to inspect colleges, and their reports are in law not worth the paper on which they are written.

"The question of legal rights to inspect colleges is assumed by the examining boards, for in some States the law confers upon them not only the right to pass upon candidates but also upon the colleges from which they were graduated. It is also doubtful if an examining board in one State has any legal right or business to meddle with the institutions of another State. However, this makes another inspecting board, and the colleges have to submit thereto, and in order to overcome the doubt that exists as to the legal right of one State board to go into another State, another inspecting board has been created by the Confederation of Examining Boards to go about from State to State and inspect the colleges with the co-operation of the particular State board of the State in which the college is located. Probably all these different inspecting boards, official and non-official, legal and illegal, have a particular standard to go by in their inspection. The Allopathic Medical Council standard is made in Germany, the Homeopathic and Eclectic standards are possibly top-heavy on the side of curative rather than experimental medicine. The Carnegie standard is the almighty dollar. Each State board has its own particular standard. One State board with which we came in contact insists that each college recognized by it must have among its equipment a sphygmanometer of the make of a certain instrument maker, and no other make will answer. In fact, there are as many standards in all probability as there are boards or members of inspecting boards. The farce does not stop at the fact of the inspection, but the inspections themselves. We have been present when visits have been made by all these inspecting bodies. We have not only seen but have learned from others how they are conducted. In some cases five minutes have sufficed to judge of a college, its equipment, its faculty, its laboratories, clinical facilities and all; in other cases we have seen a half day spent in a laborious, painstaking inquiry into all departments of the institution. In some cases a chat with the janitor, or a student while eating his lunch, or a mere visit to a neighboring physician, not a member of the faculty, has sufficed, and the college condemned thereupon. In fact, some 'inspections' have evidently been made in absentia, for a number of college authorities have asserted that no inspecting official has ever passed within the portals of their institution. Then, too, look at the qualifications of the inspecting officials, ranging all the way from a non-medical secondary school teacher to one who has been through all the laboratory and practical chairs. From a paid clerk, who has never practiced medicine, to the graduate of fifty years ago when laboratories were unknown, and the value of all

these inspections will be apparent. Yet every college authority will tell you his institution is always open to inspection and criticism. We heard one dean of a college at a recent meeting in Chicago assert that he had always welcomed inspecting bodies, yet when the Council of Medical Education of the American Institute in company with the State board notified this gentleman that they would like to inspect his institution, his was the only one out of five schools in his city that refused to admit us. We have yet to see a report of a thorough inspection of any medical college. We have ourselves visited about thirty-five medical colleges, and only in a very few instances were we admitted to every part of the institution; the man with the keys was absent. We trust the American Confederation of Examining Boards will publish a full report of its findings; it will be authoritative and should be final."

We have taken the liberty of copying the above editorials from the *Medical Century*. We are sure Dr. Dewey will pardon us, but it expresses the facts so concisely and truly we could not resist the temptation. M.

Office of the Secretary, Regular Board of Medical Examiners, State of Georgia.

Atlanta, Ga., February 8, 1911.

Dear Doctor: I understand that you have requested the Committee on Inspection and Rating of Medical Colleges of the American Confederation of Medical Licensing Boards to inspect your medical college.

The sub-committee to which the medical colleges in your State have been assigned, expect to visit you in the performance of that duty, and hope to have representatives of your State Board of Medical Examination with them, within the next sixty days.

With my best wishes, I desire to remain, Fraternally yours,

I. H. Goss, *Secretary.*

* * *

Atlanta, Ga., February 9, 1911.

To I. H. Goss, M.D., Secretary, Regular Board of Medical Examiners, Athens, Ga.

Dear Doctor: Your communications of January 31, in which you say you understand that the Georgia College of Eclectic Medicine and Surgery has requested the Committee on Inspection and Rating of Medical Colleges of the American Confederation of Medical Licensing Boards to inspect our College. We know of no such request being made. We have our own Confederation of Medical Colleges, independent of licensing boards, to see that they come up to the requirements.

The law of Georgia requires that the Judge of the Superior Court charge the Grand Jury to inspect the medical colleges in the counties in which the medical colleges exist. This is right. So long as we comply with the law of Georgia and the requirements of our Confederation of Medical Colleges, we have nothing to fear. We have never received a request from the American Confederation of Medical Colleges of Licensing Boards to inspect their colleges. If they had made such a request we would not have accepted the invitation.

We welcome every reputable physician of all schools of medicine to visit us in that capacity, but not as representatives of any Licensing Boards or Confederation. Respectfully yours, W. M. Durham,

Vice-Prest., Board of Trustees, Georgia College Eclectic Med. and Surg.

We insert this without comment. One can form his own conclusions.

Arkansas.

The legislative committee of the Arkansas State Medical Society held a three hours' conference, January 25, with a number of senators and representatives, regarding legislation desired by the medical society. It was said that the conference will result in the introduction of two or three important measures of general interest to the people of the State.

California.

Dr. G. W. Harvey has removed from Millville to Big Pine.

Dr. J. B. Sands, Venice, has returned from New York, where he took post-graduate work.

Dr. H. Leonard Wells has removed from Eureka to Los Angeles, and is now located at 331½ S. Spring Street.

Dr. Van Male has been elected County Physician of Yuba County. This leaves his old home at Challenge vacant.

Dr. E. P. Bailey, Long Beach, has returned from Chicago, after a stay of three months, taking post-graduate work.

The College has received an addition to its library, by reason of the gift of Mrs. E. M. Crawford, of Santa Monica, of the library of her husband, Dr. J. W. Crawford.

Illinois.

The various "remarkable surgical cases" which the Western press says have been handled successfully by that wonderful man, Dr. Murphy, of Chicago, makes somewhat unpleasant reading, considering that the gentleman is president of the A. M. A.

Last month, at a meeting of the stockholders and trustees of the College of Medicine and Surgery, Chicago, the last of the Physio-medical colleges, the corporate name was changed to the Chicago Eclectic Medical College. It is stated that the school will hereafter be conducted as an Eclectic college.

Kentucky.

Dr. J. L. Richardson has moved from Lowes to 1214 E. Winchester Avenue, Ashland.

Indiana.

Paul R. Cramer, M.D., has located at Batesville, R. F. D. No. 1.

Dr. Charles Pettigrew has won the right to resume the practice of medicine at Logansport, Ind. The judge of the circuit court at Kokomo has decided in his favor, overruling the State Board of Medical Examination and Registration.

The Indiana State Board of Medical Registration and Examination, at its meeting held in Indianapolis, elected the following officers: President, Dr. William A. Spurgeon, Muncie (re-elected); vice-president, Dr. James M. Dinnen, Fort Wayne; secretary, Dr. William T. Gott, Indianapolis (re-elected), and treasurer, Dr. Moses S. Canfield, Frankfort.

All doubts as to what shall constitute the requirements for taking an

examination to practice medicine in Indiana have been removed by the State Board of Medical Examination and Registration. At a meeting Tuesday night the board decided that all applicants for examination must have graduated from a regularly commissioned high school, and must have received half the number of college credits necessary to a bachelor's degree in a course of liberal arts or science. The only required subjects are two years of English, and one year each of chemistry and biology, one of which shall be college work. These requirements will take effect January 1, 1912.

Unless charges made against Dr. S. G. Smelser, of Richmond, Ind., by the members of the Indiana State Board of Medical Registration and Examination, which seek to prove him incompetent to be a member of the board, are withdrawn, some terrible things may happen. It is said counter charges will be made. Upon investigation of records, it is alleged, the members of the board have been overstepping the law in various ways, one of which is the drawing of too high a salary per day. It is claimed that Dr. Smelser and Dr. Spaunhurst, his one defender, stand alone in this regard as the only ones who have not accepted the excess. The law specifically states that the salary shall be $6.00 a day, while there are many cases in which $12.00 have been drawn, according to the allegations.

A bill introduced in the Indiana legislature provides that any person who now holds a diploma from a medical college which is recognized by the State Board of Medical Registration and Examination as maintaining a sufficiently high grade or standard of medical education, as defined and fixed in the records of said board, shall receive a license on filing the diploma with the board on or before July 1, 1911. The bill seeks to amend the act of 1897, which at that time provided a date prior to which practicing physicians and graduates of medical schools might obtain licenses without examination. There are several graduates of medical schools who are living in Indiana at present who have failed to pass medical board examination, although they have diplomas from schools whose standards are recognized by the State Board. These would be enabled to obtain licenses under the bill. Opponents of the bill say it would throw down the bars to several graduates who have been unable to pass the State Board's examinations, and also to those who have not been able to qualify because of the lack of preparatory training.

The new Indiana medical inspection law provides that all school trustees and township trustees may institute medical inspection beginning with the school year of 1911. The act defines medical inspection as meaning the testing of the sight, hearing, and the inspection of children for disease, disability, decayed teeth or other defects, which may reduce efficiency or tend to prevent their receiving the full benefits of school work. The law authorizes the appointment of at least one school physician for each school corporation, who must not have over 2,000 children under his charge. This physician must be a graduate of a medical college, recognized by the State Board of Registration and Examination, must hold a license to practice medicine in Indiana, and shall be informed and skilled in medical inspection of children, informed in the health laws and health rules of the State Board

of Health, shall be temperate, able-bodied, cleanly in person, not addicted to drugs, and of good moral character. The law further states that the medical inspector shall be appointed for a term of one year and may be discharged at any time for written cause. The compensation shall be determined by the appointing trustees and shall be reasonable.

Massachusetts.

The regular meeting of the Boston District Medical Society was held at the Hotel Lenox, February 6. Papers were read. Resolutions of respect for the late Milbrey Green were offered and new members added.

Michigan.

V. L. Bell, M.D., has moved from 556 S. Division Street to 548 S. Division Street, Grand Rapids.

The Glasner bill, making a physician's examination and certificate of freedom from tuberculosis or venereal disease a requisite to a marriage license, passed the Michigan house committee of the whole, after a determined fight had been made to amend it in certain respects.

The Governor sent the following nominations to the State Senate, April 19, for places on the State Board of Registration in Medicine: Dr. Henry C. Maynard, Hartford, to succeed himself; Dr. Arthur M. Hume, Owosso, to succeed Dr. Flemming Carrow, Detroit; Dr. Bret Nottingham, Lansing, to succeed himself; Dr. Joseph A. Crowell, Iron Mountain, to succeed Dr. Theodore A. Felch, Ishpeming, and Dr. Austin W. Alvord, Battle Creek, to succeed himself.

Minnesota.

A partial reorganization of the State Board of Medical Examiners was announced by the Governor February 16. The new members are as follows: Dr. Frank Weiser, Windom, Cottonwood County, to succeed Dr. Thomas Lowe, Pipestone; Dr. Hannah Hurd, Minneapolis, to succeed Dr. Margaret Koch; and Dr. Robert D. Matchan, Hennepin County, to succeed Dr. Frederick A. Knights, Minneapolis, the terms of all to expire January, 1914. Anton Taylor has been appointed a member of the State Board of Osteopathic Examiners, vice G. L. Huntington.

Missouri.

Dr. Joseph R. Hamlin has located at Maywood.

Dr. S. F. Freeman has located at Elwood and is prospering.

Dr. C. E. Frazier is located at 726 National Reserve Bank Building, Kansas City.

The Eclectic Medical Forum, B. E. Dawson, of Kansas, editor, made its appearance in April. The May number has just come to our office.

Nebraska.

Dr. F. T. Wright has moved from Davey to Ceresco.

Dr. L. R. Jones is associated with Dr. Grey at Osceola.

New York.

Dr. G. C. Young, of Washington, N. J., has been added to the teaching force of the New York College.

John J. Mohrbacher, E. M. C., New York City, Class 1910, has been appointed school physician for Newark, N.J.

At the meeting of the Beachonian Society, January 26, Dr. G. W. Thompson, the essayist for the evening, used for his topic "Selfishness and Unselfishness."

Dr. Charles W. Brandenburg delivered a series of lectures before the East Side Equal Rights League. The general topics were Anthropology, Physiology, Hygiene and Cerebral Psychology. The lectures were illustrated by charts, skulls, etc.

The commencement exercises of the Eclectic Medical College of the City of New York were held May 17, at Carnegie Lyceum. The report of the faculty was delivered by Dean Hardy; address to the graduates by Lee H. Smith, of Buffalo; the valedictory address by Victor Von Unruh, and degrees conferred by Dr. Geo. W. Boskowitz.

The Eclectic Medical Society of the City and County of New York held its monthly session January 20. Dr. Hyde read an essay on "Intestinal Obstruction." The name "Citcelce" was decided upon as the trade name for the Eclectic wash. Literature will be furnished the profession and it will be marketed in four, eight and sixteen ounce bottles.

The New York Society held its meeting at Albany, March 29 and 30. It was well attended and enthusiastic and suitable action was taken to boom the National meeting. Dr. T. D. Adlerman was elected president and Earl H. King re-elected recording secretary. The society was compelled to change its meeting place by reason of the fire in the State Capitol.

Charles F. Wheelock, who was formerly chief of the examination division of the State Department of Education, Albany, has been promoted to the position of second assistant commissioner of education. The new chief of the examinations division is Mr. Harlan H. Borner, to whom all requests for information regarding State license examinations should be addressed.

The meeting of the Kings County Eclectic Medical Society was held February 13. After the president, Dr. Adlerman, had addressed the Society, making some timely remarks, the following papers were read: "Tetanus," by Lewis Sanzer; "The Use and Abuse of the Vaginal Douche," M. B. Pearlstein; "An Insanity Type," Theodore Adlerman; "606 and Dr. Ehrlich," D. Alperin.

North Carolina.

In the last session of the legislature the following work of interest to physicians was accomplished: The bill, approved by the State Medical Society and the State Board of Health, requiring a four years' high school course or its equivalent, for candidates for medical license, passed the House but was defeated in the Senate. This is the third time this measure has been defeated in the leigslature.

Ohio.

Dr. R. G. Curl has changed his address from Green Springs to Edgerton.

L. T. Franklin has been elected coroner of Ross County, and is located at Chillicothe.

Dr. John K. Scudder was elected treasurer of the newly organized Miami Protective Association.

Frank G. Mitchell, of Marietta, has been appointed a member of the Board of United States Pension Examiners for Washington County.

Dr. R. V. Dickey, of Lima, whilst in attendance upon a patient, February 10, fell unconscious from the effects of a cerebral hemorrhage. The entire right side is helpless.

The Northwestern Ohio Society met at Lima, April 11. The program was varied by an operation at the Lima Hospital by Dr. J. P. Harbert, of Bellefontaine, There was a good attendance and interest. The next meeting will be held October 10, 1911.

The Ohio State Medical Board has entered into reciprocity relations with Missouri and Louisiana, by which each recognizes the certificates of the other. The next examination of the board will be held June 6, 7 and 8. The president will select the place for the examination.

The officers and members of the Y. M. C. A. gave a reception to the Senior class of the Eclectic Medical College, on the evening of April 21, at Sinton Hall, Y. M. C. A. Building. The occasion was one of the most brilliant and successful that has ever taken place in this city.

The bill to compel licensing of vendors of medicines by the Ohio State Board of Pharmacy, aroused such a fight in the Ohio Senate that its author had it recommitted to the committee on medical colleges after it had been amended to exempt proprietary appliances which are sold on street corners and are guaranteed to cure catarrh and other ailments in three days.

Active participation in politics on the part of the Homeopaths, to press their demands for proper recognition, was advocated by Dr. R. V. Arndt, of Cleveland, field secretary of the American Institute of Homeopathy, at the recent session of the Southeastern Ohio Homeopaths in convention at Columbus. Nowadays, when you want anything from the political powers, he declared, there is a glance at your hip-pocket to see how many votes you control. The solution was to mix in, he said.

The Columbus Retail Druggists' Association will emulate the example set by the Cincinnati pharmacists, by tendering a dinner to the capital city physicians. The object will be to promote interest and harmony between the two professions. Prof. John Uri Lloyd will be one of the speakers. Professor Beal, of Scio College, and Thomas Potts, of Chicago, secretary of the N. A. R. D., all figuring in the list of speakers at the recent banquet at the Hotel Sinton, will have something to say on the occasion.

The annual meeting of the Southwestern Ohio Eclectic Medical Society was held in the Business Men's Club, at the Grand Hotel, February 1, at noon. After a hearty luncheon, papers were read by Dr. R. C. Heflebower

on "Inflammation of the Nasal Sinuses," and "The Physician as a Business Man," by Dr. John Swanson. The election resulted as follows: President, O. P. McHenry, of Hamilton; vice-president, F. Kattenhorn; secretary, J. L. Payne; treasurer, E. R. Freeman. The three latter are Cincinnati physicians. The next meeting will be held at Hamilton, April 6.

The annual report of the State Medical Board, filed with Governor Harmon, shows thirty-seven prosecutions to have been started against physicians illegally practicing medicine in Ohio in 1910. From these, twenty-one convictions have resulted. In two cases the jury disagreed, and eight are now under indictment. S, M. Sherman, president of the board, praised the medical colleges of the State for complying with all the requirements of the law. Since 1896, when the medical certificate law was enacted, 12,900 certificates have been issued, says the report In 1910, 222 certificates were issued.

That every doctor in Ohio, from the highly-developed specialists to the old-time family physician, are against the Johnson bill, as explained in the *Lancet-Clinic,* would appear from the array which was present, March 7, before the Committee on Medical Colleges and Societies. It had been announced that there would be a public hearing, and doctors representing every college in the State were present to voice sentiments adverse to the bill. The committee says it will report the bill to the Senate without recommendation, where it is expected that it will be defeated when brought to a vote.

Dr. F. L. Watkins, a Republican, Ohio State Registrar of Vital Statistics, has relinquished his office, and has been succeeded by Dr. A. G. Holland, of Marion, a Democrat. Dr. Holland had already begun his duties as chief statistician in the State registrar's office, to become thoroughly familiar with the details of the State office before becoming head of the department. The position of State registrar of Vital statistics pays a salary of $2,500 a year. Dr. Watkins' term of office does not expire until January 1, 1913, but he announced his willingness to get out, considerable pressure having been brought to bear to cause him to tender his resignation. Registrar Watkins, in making known his intention of resigning it in favor of Dr. Holland, said that he was tired of the office and did not want it any longer.

"It is believed the promoters of the Johnson bill before the Ohio legislature are overreaching themselves. It is an amendment to the law granting certificates to practice. According to the provisions, there is nothing to prevent the Association of American Medical Colleges, with a sudden spasm of virtue, insisting on requirements hardly fair to the Johns Hopkins Medical Department. What is to prevent the prescribing of certain prerequisites to practice which can be filled only by the Western Reserve, with its enormous endowment? Are the alumni of the Ohio-Miami Medical College, the medical department of the Cincinnati University, so indifferent to the welfare of their college, having almost a century of honorable existence? It is all very well to exact a high standard of medical education, but the arbitrary dictum of an exclusive association should not be the highest tribunal in the matter. The following is the proposed amendment:

" 'Provided, that from and after the first day of January, in the year of our Lord 1913, the diploma of the legally chartered medical college or insti-

tution in the United States, in good standing, hereinbefore required, shall not be accepted as sufficient unless the requirements and courses of study shall have been, at the time of granting such diploma, in no part less than those prescribed by the Association of American Medical Colleges for that year.' "—*Lancet-Clinic.*

The Ohio State Eclectic Medical Association will hold its annual meeting at Cedar Point, on Lake Erie, July 18, 19, 20, 1911.

Your attention is called to the date, the third week in July, just the time of year when you feel completely "fagged out" and need a little recreation.

Then the place, Cedar Point, on Lake Erie, the queen of American watering places, with the finest bathing beach in the world. Reasonable rates and excellent cuisine.

You are assured of a good program of well-written papers, and if you do not write a paper, come and join in the discussion.

Every Eclectic of Ohio is urged to be present, and your help and cooperation for a successful meeting are solicited.

Fraternally yours,

J. F. WUIST, M.D., *Corresponding Sec'y.*

Oklahoma.

Dr. W. L. Glasson, of Fairview, has removed to Chetopa, Kansas.

Dr. R. E. Sawyer, E. M. C. 1905, has removed from Bokchito to Durnat.

Governor Cruce, of Oklahoma, has appointed an entirely new medical examining board of nine physicians. Drs. W. M. Grey, Mountain View, and R. E. Sawyer, of Bokchito, are the Eclectic members.

Oregon.

Dr. H. L. Henderson, of Astoria, succeeds W. S. Mott, of Salem, on the Board of Medical Examiners.

Pennsylvania.

The Gerberich bill, introduced in the Pennsylvania legislature, repeals the present laws regulating the examination and licensing of physicians, and substitutes as the controlling agency a bureau of medical education and licensure, to be attached to the Department of Public Instruction. The board is to consist of seven members, the Superintendent of Public Instruction and the Commissioner of Health to be two of them, and the remaining five to be appointed by the Governor. The "Regular, Homeopathic and Eclectic schools of medicine shall be each represented on the bureau" by qualified physicians of at least ten years' practice prior to their appointment. The bureau is authorized to inspect medical colleges and to require them to maintain a graded medical course of four successive years. Medical men generally are in favor of it. The compensation of the examining board will be definitely fixed. It is said that the Governor favors the bill.

Tennessee.

Thomas Slayden has located at 323½ E. Ninth St., Chattanooga.

South Dakota.

The joint session of the South Dakota Eclectic and Homeopathic Societies will be held in Sioux Falls, S. D., June 20 and 21. These meetings have always been well attended, and interesting programs have always been arranged. We commend this method to our friends in other States where their respective societies are small.

Texas.

H. H. Blankmyer, has removed from Honey Grove to Aransas Pass.

West Virginia.

C. H. Parks has removed to Salem.

The medical inspection bill, just enacted by the legislature of West Virginia, at the instance of various patriotic and civic societies, the women's clubs predominating, begins as follows: "Be it enacted by the legislature of West Virginia, that the board of education of each independent school district in this State shall, and other boards of education may, within ninety days from the passage thereof, and thereafter on the first day of January of each year, appoint one or more legally qualified practicing physicians in said school district, to be known as medical inspector of schools, fix their salaries and define duties as hereinafter provided, and furnish the necessary stationery and printing for records and reports. It shall be the duty of the medical inspector of schools to separately and carefully test each pupil in his school once during each school year, to ascertain if the pupils are suffering from any defect or disability that would prevent the pupil receiving the full benefit of the school work, or if some modification of the school work should be made that the pupil receive the best educational results."

Wyoming.

Dr. W. A. Wyman, of Cheyenne, has been appointed by the Governor secretary of the State Board of Health.

J. R. Hilton, Bennet, 1906, of Douglas, was recently operated upon for appendicitis. He is recovering nicely.

The Mutual Life Insurance Co., of New York, recently turned down one of our men as their examiners, the agent vouchsafing the statement that the company would not employ Eclectics as examiners. Narrowness and bigotry are not always confined to physicians.

Miscellaneous.

On the day preceding adjournment of Congress, Senator Heyburn, chairman of the Committee on Manufactures, reported to the Senate the result of the investigation into the question of how long articles of food should be kept in cold storage without endangering the health f the consumer. The committee recommended a number of changes in the bill. One of the recommendations is that the following articles held in cold storage for the periods indicated, instead of one year, shall be regarded as having been adulterated

within the meaning of the pure food law: Beef seven months; veal, pork and sheep four months; lamb three months, poultry three months, game three months, fish three months, eggs three months, butter three months. Much of the report is devoted to cold storage eggs. It states that the average quantity of such eggs in New York City each year is about 700,000 cases, and in Chicago about 1,000,000 cases. "There is a strong showing," says the report, "made in support of the proposition that the people always trade with the oldest stock, and that when new eggs come into the market they are withheld from the public in order that eggs already deteriorated from storage may pass out. No eggs should be placed in cold storage that are produced during the hot months. Such eggs are of an inferior quality."

MARRIAGES.

Dr. Stella Schaffer and Dr. Hyman J. Epstein, February 12, 1911.

Miss Stella Rhodes and Dr. John F. Wagner, at the bride's home, Greenville, Mo., March 7, 1911.

OBITUARY.

Baird, John V., Eclectic Medical Institute, Cincinnati, 1892, at his home in Albany, Ind., March 12, aged sixty.

Barker, Albert B., Eclectic Medical College of the City of New York, 1863, at his home in Avondale, O., January 20, aged seventy-three years.

Barry, John William, Eclectic Medical Institute, Cincinnati, 1879, at his home in Springfield, O., November 3, 1910, aged sixty-four.

Carpenter, N. M., at Ellington, N.Y., January 25, aged eighty-four years.

Carter, Edwin H., Eclectic Medical Institute, Cincinnati, 1865, at his home in Des Moines, Iowa, February 24, aged seventy-four years.

Cassela, Daniel A., Eclectic Medical College of the City of New York, 1885, January 30, aged forty-seven.

Cress, James, Eclectic Medical College of Pennsylvania, Philadelphia, 1862, at his home in North Georgetown, O., April 2, aged eighty.

Coe, George D., Eclectic Medical Institute, 1872, at San Francisco, Cal., February 5, aged seventy-three.

Cook, F. S. W., Eclectic Medical Institute, Cincinnati, 1896, at Toledo, O., March 13, aged fifty-six.

Corman, George W., American Medical College, St. Louis, 1883, on a train near Lavaca, Ark., December 15, 1910, aged fifty-four.

Doss, George A., Georgia College of Eclectic Medicine and Surgery, Atlanta, 1901, professor of specific medication and diagnosis in the Hospital Medical College, Atlanta; secretary of the Georgia State Eclectic Medical Association; member of the National Eclectic Medical Association, in Atlanta, April 2, aged thirty-four.

Faith, James, Eclectic Medical Institute, Cincinnati, 1869, at his home in Palmyra, Ill., January 18, aged sixty-seven.

Fishblate, S. Albert, Eclectic Medical College of the City of New York, 1879, at his home in New York City, February 23, aged fifty-five.

Frazer, Samuel Hamilton, Eclectic Medical College of the City of New York, 1879, at Saratoga Springs, N. Y., February 22, aged sixty-seven.

Freeman, Lincoln D., American Medical College, St. Louis, 1884, at his home, Peoria, Ill., February 9, aged forty-nine.

Jones, David W., Eclectic Medical College of Pennsylvania, Philadelphia,, 1870, at Hagerstown, Md., March 4, aged eighty-four.

Lovejoy, Jay C., Eclectic Medical College of the State of New York, 1879, at his home in Batchellersville, N. Y., January 17, aged sixty.

Marshall, James Polk, at his home in Caulksville, Ark., January 29, aged sixty-five.

Massey, Columbus V., American Medical College, St. Louis, 1878, at his home in Chicago, Ill., March 20, aged sixty-two.

McCaffrey, Charles C., Eclectic Medical College, Cincinnati, 1908, at Huntington, W. Va., aged thirty-six.

Morehouse, Charles L., Eclectic Medical College of the City of New York, at his home in New York City, January 23, aged eighty-eight.

Nottingham, John C., Bennett Medical College, Chicago, 1873, at his home in Bay City, Mich., February 25, aged sixty-seven.

Novel, Isaac Franklin, American Medical College, St. Louis, 1881, at his office in Unionville, Mo., April 4, aged fifty-three.

Padghan, R. W., Eclectic Medical College of the City of New York, 1889, at his home in Geneva, N. Y., February 27, aged sixty-one.

Payne, S. M., Eclectic Medical Institute, Cincinnati, 1846, at his home in Lexington, Ill., January 18, aged ninety-one.

Rohr, Charles G., Bennett Medical College, Chicago, 1880, at his home in Chicago, Ill., January 27, aged fifty-two.

Sommers, John E., Eclectic Medical Institute, Cincinnati, 1892, at his home in North Baltimore, O., February 26, aged fifty-six.

Spinning, Charles Hadley, Eclectic Medical Institute, Cincinnati, at his home in Prosser, Wash., April 1, aged ninety.

Standlee, John Biggs, American Medical College, St. Louis, 1904, at his home in Peoria, Ill., February 17, aged thirty-three.

Steel, John Washington, Eclectic Medical Institute, Cincinnati, 1857, at his home in Shelbyville, Tenn., February 7, aged eighty.

Stewart, Alexander S., Eclectic Medical Institute, Cincinnati, 1865, at his home in Hot Springs, S. D., January 22, aged seventy-one.

Weyle, Henry J., Eclectic Medical Institute, Cincinnati, 1875, at his home in Decatur, Ill., February 23, aged seventy-five.

Wolley, M. M., at his home in Alva, Okla., February.

In case of urinary extravasation from rupture of the urethra, make no attempt to pass a catheter, and waste no time in incising the edematous area, but perform perineal urethrotomy at once.—*American Journal of Surgery.*

BOOK REVIEWS.

EXTRACTS FROM LECTURES ON THERAPEUTICS. By George W. Boskowitz, A.M., M.D. Delivered at the Eclectic Medical College of the City of New York, session of 1909-1910. Compiled by Victor von Unruh.

This book, of about 100 pages, is a practical epitome of Eclectic therapeutics. It contains much of value in a small space. The classified arrangement of specific indications is an arrangement not found elsewhere. It can be read often and with profit and an enlarged vision each time. M.

In the March QUARTERLY we had occasion to review a small work, "Confidences," by A. B. Lowery, M.D. We have before us another little book by the same author, "Truths, Talks with a Boy Concerning Himself."

The preface contains truths that are startling, though unfortunately true. "Fortunate is the boy whose father is a companion to him." How true; and fortunate indeed is the boy whose father, when desirable as a companion, will devote sufficient time from business cares to become a companion to his boy. This little book, of about 100 pages, is, like its companion work, "Confidences," written from nature, and tells the story of sex from the lower walks of life gradually up to the higher man. It is well written, and tells the story of sex and its abuses in a straightforward way. M.

PLAIN TALKS ON MATERIA MEDICA, WITH COMPARISONS. By Williard Ide Pierce, M.D. 792 pages, 8vo. Cloth, $5.00. Postage 25 c. Philadelphia: Boericke & Tafe,, 1911.

These "Talks" were originally given at the New York Homeopathic Medical College and Flower Hospital.

"Comparisons" occupy about 210 pages of the nearly 800 in the book. A careful study of them will assist the busy practitioner in formulating a successful treatment, assisting him in the selection of his remedy or remedies.

The second portion of the book is devoted to materia medica. This portion is written entirely from a clinical standpoint. The botanical history or physiological action of a remedy is not considered. For the purposes of the clinician this is eminently satisfactory. We commend this work to all such. M.

DEFINITE MEDICATION, CONTAINING THERAPEUTIC FACTS GLEANED FROM FORTY YEARS' PRACTICE. By Eli G. Jones, M.D. Published by the Therapeutic Publishing Company, Inc., Boston, Mass. 1911.

The book is composed of twenty-one chapters, each chapter being devoted to the consideration of some part of the body, or a certain class of diseases, with the remedies applicable to such. The book contains the author's own experiences, or, in other words, it contains his own personality. It is written in a plain, practical manner. M.

THE transperitoneal route, with retraction of the colon, affords the best exposure in radical nephrectomy for neoplasm.—*Amer. Journal of Surgery.*

NATIONAL ECLECTIC MEDICAL ASSOCIATION TREASURER'S REPORT FOR YEAR ENDING JUNE 1, 1910.

June 1, 1909.	By balance, cash on hand	$ 943.21
June 1, 1910.	By dues to June, 1909	280.00
June 1, 1910.	By dues to June, 1910	1546.75
June 1, 1910.	By dues to June, 1911	108.00
	Total receipts for year	$2877.96

DISBURSEMENTS.

June 17,	warrant No. 174, to W. N. Mundy	$100.00
June 17,	warrant No. 175, to Lancet-Clinic	37.50
June 17,	warrant No. 176, to J. K. Scudder	22.15
June 17,	warrant No. 177, to E. G. Sharp	88.65
June 17,	warrant No. 178, to W. P. Best	233.45
June 17,	warrant No. 179, to W. P. Best	2.50
July 16,	warrant No. 180, to Miss E. Trimble	50.00
July 18,	warrant No. 181, to Wm. B. Burford	60.00
July 18,	warrant No. 182, to W. P. Best	21.84
Sept. 6,	warrant No. 183, to W. N. Mundy	250.00
Sept. 6,	warrant No. 184, to G. A. Mooreman	18.45
Sept. 6,	warrant No. 185, to W. P. Best	15.65
Oct. 8,	warrant No. 186, to W. P. Best	41.50
Dec. 15,	warrant No. 187, to W. N. Mundy	250.00
Dec. 15,	warrant No. 188, to W. P. Best	12.25
Mar. 5,	warrant No. 189, to W. P. Best	3.40
Mar. 5,	warrant No. 190, to W. N. Mundy	250.00
May 15,	warrant No. 191, to W. N. Mundy	250.00
May 21,	warrant No. 192, to G. A. Mooreman	13.60
	Total expense	$1723.64
June 1, 1910,	by balance on hand	$1154.32

Respectfully submitted,

DR. E. G. SHARP, *Treasurer.*

[By some means the Treasurer's report was lost at our Boston meeting. Dr. Sharp having furnished a duplicate report, it is now inserted for comparison.—ED.]

NATIONAL PROGRAM.

We append the completed program for the National meeting, June 20-23. We trust we will have the best meeting in our history, and we ought to have. A goodly delegation is promised from the New England and Eastern States. The South and Middle West ought to be present in force.

Come and imbibe some enthusiasm, good fellowship and renewed allegiance. Headquarters, Seelbach Hotel, European plan, and rates as follows:

Rooms without bath, $2 and $2.50 per day.

Rooms with bath, $3, $3.50, $4 and $5 per day.

All rooms have hot and cold water running, and there is a bath between every two rooms.

"In consideration of your Association making the Seelbach Hotel its headquarters, we will tender them without charge the use of our Assembly

Hall, also whatever number of rooms they may require for committee meetings. The hallway leading from the elevator to the Assembly Hall is quite broad, and on several occasions has been used for the display of exhibits. This space will be tendered you free of charge for this purpose. Toilet facilities, etc."

COMMITTEE ON MEDICAL COLLEGES.

Chairman, J. A. Munk, Los Angeles, Cal.; J. K. Scudder, Cincinnati, O.; H. Harris, New York City; W. M. Durham, Atlanta, Ga.; F. L. Wilmeth, Lincoln, Neb.; B. E. Dawson, Kansas City, Mo.

COMMITTEE ON ORGANIZATION AND LEGISLATION.

Chairman, J. K. Scudder, Cincinnati, O.

Arkansas .....Adolphus W. Jernigan, Evening Shade.
California .....O. C. Welbourne, Los Angeles.
Colorado .....G. H. Candlin, Eaton.
Connecticut.....S. B. Munn, Waterbury.
Florida .....S. F. Smith, Lakeland.
Georgia.....John H. Goss, Decatur.
Illinois .....Geo. O. Hulick, 1412 St. Louis Ave., E. St. Louis, Ill.
Indiana .....O. S. Coffin, 1550 E. Tenth St., Indianapolis.
Iowa .....A. C. Moerke, Burlington.
Kansas .....C. I. Welch, Clifton.
Kentucky .....G. T. Fuller, Mayfield.
Maine .....Henry Reny, 61 Bacon St., Biddeford.
Massachusetts .....Pitts Edwin Howes, Boston.
Maryland .....G. W. Fisher, 1510 Linden Ave., Baltimore.
Michigan .....J. E. G. Waddington, 1080 W. Warren Ave., Detroit.
Missouri .....A. F. Stephens, St. Louis, Mo.
Minnesota .....S. E. Sanderson, Minneota.
Nebraska .....W. N. Remy, Lincoln.
New Hampshire.....Lillian J. Bullock, Manchester.
New Jersey.....D. P. Borden, 384 Ellison St., Paterson.
New York.....Earl H. King, Saratoga Springs.
Ohio .....J. K. Scudder, 630 W. Sixth St., Cincinnati.
Central Ohio.....S. M. Sherman, 224 Columbus St., Columbus.
Northeast Ohio.....W. K. Mock, Cleveland.
Northwest Ohio.....W. T. Gemmill, Forest.
Southwest Ohio.....L. Watkins, Blanchester.
West Ohio.....J. Guy Kent, West Liberty.
Oklahoma .....F. P. Davis, Enid.
Oregon .....H. L. Henderson, Astoria.
Pennsylvania .....W. S. Glenn, State College.
South Dakota.....W. E. Daniels, Madison.
Tennessee .....G. M. Hite, 805 Monroe St., Nashville.
Texas.....H. H. Blankmyer, Aransas Pass.
Washington .....G. W. Overmyer, South Bend.
West Virginia.....M. M. Waldron, Naugatuck.
Wisconsin.....F. C. Haney, Watertown.

COMMITTEE ON ARRANGEMENTS.

Lee Strouse, Covington, Ky.; J. K. Scudder, Cincinnati, O.; J.C. Mitchell, Louisville, Ky.

ENTERTAINMENT COMMITTEE.

J. C. Mitchell, Louisville, Ky.; R. T. Rudd, Fulton, Ky.; J. A. Fara-

baugh, Clinton, Ky.; A. P. Hauss, New Albany, Ind.; W. R. Ruble, Smith's Grove, Ky. Assisted by members of the Kentucky Eclectic Medical Association.

PRESS COMMITTEE.

G. W. Boskowitz, New York City; J. C. Mitchell, Louisville, Ky.

COMMITTEE ON REGISTRATION.

M. W. Meadows, Fullerton, Ky.; J. D. Quinn, Newport, Ky.

CONSTITUTION REVISION COMMITTEE.

F. L. Wilmeth, Lincoln, Neb.; J. K. Scudder, Cincinnati, O.; A. F. Stephens, St. Louis, Mo.; S. A. Hardy, New York City; O. C. Welbourn, Los Angeles, Cal.; W. E. Kinnett, Peoria, Ill.

TUESDAY, JUNE 20, 10 A.M.

Invocation, by Rev. J. G. Minningerode, Louisville, Ky.
Address of Welcome, Hon. A. E. Willson, Governor of Kentucky.
Response by the President, J. A. Munk, Los Angeles, Cal.
Address of Welcome to the City of Louisville, by the Mayor, Hon. W. O. Head.
Response, G. T. Fuller, Mayfield, Ky.
Address of Welcome on behalf of the Kentucky Eclectic Medical Association, Lee Strouse, Covington, Ky.
Response by Florence Tippett Truax, Atlanta, Ga.

TUESDAY, 2 P.M.

President's Address.

SECTION I—MATERIA MEDICA AND THERAPEUTICS.

Chairman—Pitts Edwin Howes, M.D.....Boston, Mass.
Vice-Chairman—W. S. Glenn, M.D.....State College, Pa.
Secretary—O. P. Massinger, M.D.....Bridgeport, Conn.

J. V. Mott, M.D.....Amelia, O.
Erigeron.

J. W. Fyfe, M.D.....Saugatuck, Conn.
Lobelia in Diphtheria.

Geo. W. Holmes, M.D.....Sharps, Fla.
Liatris Spicata.

J. D. Dodge, M.D.....Collinwood, O.
Libradol.

Charles Woodward, M.D.....Chicago, Ill.
Is the Eclectic Method of Diagnosis and Treatment Correct?

Eli M. Hoover, M.D.....Halstead, Kan.
Boletus.

Lyman Watkins, M.D.....Blanchester, O.
Gelsemium.

A. J. Crance, M.D.....Pasadena, Cal.
Apocynum Can.

Ralph B. Taylor, M.D.....Columbus, O.
Strophanthus.

V. A. Baker, M.D.....Adrain, Mich.
Xanthoxylum and Remedies Akin Thereto.

A. F. Stephens, M.D.....St. Louis, Mo.
The Efficacy of Eliminatives.

T. D. Hollingsworth, M.D.....Akron, O.
Hydrangea.

Herbert T. Webster, M.D.....Oakland, Cal.
Chrysanthenum Leucanthemum.
Leucanthemum Vulgare.

Frederick Wallace Abbott, M.D.....Taunton, Mass.
Hyoscin.

Louise Leverone, M.D.....Boston, Mass.
Viburnum Prunifolium.

Eli G. Jones, M.D.....Burlington, N.J.
Definite Medication.

Pitts Edwin Howes, M.D.....Boston, Mass.
Eclectic Materia Medica and Therapeutics—What are They?
William S. Glenn, M.D.....State College, Pa.
Soluble Iodine.
Omray L. Massinger, M.D.....Bridgeport, Conn.
The Tissue Remedies.
J. M. Mullholland, M.D.....Pittston, Pa.
Cacodylate of Soda.
B. E. Gamble, M.D.....Bowmansdale, Pa.
Infantile Scorbutus and Rachitis—A Simple Remedy for Their Treatment.
Frank Webb, M.D.....Bridgeport, Conn.
Hypodermic Medication.
Charles M. Richardson, M.D.....Bridgeport, Conn.
Some of the Older Remedies.
Thomas S. Hodge, M.D.....Torrington, Conn.
The Dispensing Physician.
S. B. Munn, M.D.....Waterbury, Conn.
The Third Preparation.
James T. Tonks, M.D.....Westbrook, Conn.
Country Dispensing.
E. H. Marsh, M.D.....Mansfield Center, Conn.
Gelsemium.
George B. Bristol, M.D.....Middlebury, Conn.
Economic Value of Wild Plants as a Medicine.

WEDNESDAY, JUNE 21, 10 A.M.

Address by A. F. Stephens, St. Louis, Mo. Subject, "The Trend Towards State Medicine."

SECTION II—PRACTICE OF MEDICINE.

Chairman—H. T. Webster, M.D.....Oakland, Cal.
Vice-Chairman—John Fearn, M.D.....Oakland, Cal.
Secretary—Q. A. R. Holton, M.D.....Whittier, Cal.

J. A. Thoman, M.D.....Pleasant Point, Tenn.
Treatment in Tuberculosis, and Some Results with it in My Twenty Years' Experience.
Frank McLaren, M.D.....White Hall, Ill.
Practical Hints on How to Collect.
J. W. Fyfe, M.D.....Saugatuck, Conn.
The Eclectic School of Medicine.
A. J. Crance, M.D.....Pasadena, Cal.
Hodgkin's Disease.
R. C. Heflebower, M.D.....Cincinnati, O.
High Frequency Current in the Treatment of Certain Diseases of the Eye.
O. A. Palmer, M.D.....Cleveland, O.
Diseases of the Pancreas.
John Fearn, M.D.....Oakland, Cal.
Can Typhoid Fever be Aborted?
Q. A. R. Holton, M.D.....Whittier, Cal.
Protection from Venereal Diseases.
H. T. Webster, M.D.....Oakland, Cal.
Acute Infantile Paralysis.
U. C. Coe, M.D.....Bend, Ore.
Neurasthenia.
Z. T. Hawkins, M.D.....Swayzee, Ind.
Measles.
A. F. Stephens, M.D.....St. Louis, Mo.
Animal Alkaloids.
W. R. Ruble, M.D.....Smith's Grove, Ky.
Neurotic Disturbances and Renal Affections.
R. W. Musgrave, M.D.....Hanford, Cal.
Judicious Publicity as a Remedial Agent in the Correction and Control of Venereal Diseases.
W. D. Guttery, M.D.....Norfolk, Neb.
Psychiatry—Inhibitions to Progress.
Pitts Edwin Howes, M.D.....Boston, Mass.
Simulated Heart Disease.

WEDNESDAY, 2 P.M.

Address by J. T. Siblev, Brooklyn, N. Y. Subject, "Medical Reform."

SECTION III—SURGERY.

Chairman—F. L. Wilmeth, M.D. ..... Lincoln, Neb.
Vice-Chairman—E. J. Latta, M.D. ..... Kenesaw, Neb.
Secretary—B. E. Dawson, M.D. ..... Kansas City, Mo.

O. C. Welbourn, M.D. ..... Los Angeles, Cal.
Stricture of the Esophagus.

Wm. P. Best, M.D. ..... Indianapolis, Ind.
Observations.

Q. Robert Hauss, M.D. ..... Sellersburg, Ind.
Surgical Observations.

Paul Harvill, M.D. ..... Nashville, Tenn.
Post-Operative Treatment.

F. M. Andruss, M.D. ..... Lincoln, Neb.
Cranial Surgery.

L. E. Russell, M.D. ..... Cincinnati, O.
Surgical Miscellany.

Wm. L. Heeve, M.D. ..... Brooklyn, N. Y.
Conservative Gall-Bladder Surgery.

G. H. Stagner, M.D. ..... Coyle, Okla.
Specific Medication in Surgery.

E. Younkin, M.D. ..... St. Louis, Mo.
Orthopedics.
Operations on the Gall-Bladder.

Q. Robert Hauss, M.D. ..... Sellersburg, Ind.
A Complicated Case.

A. H. Smith, M.D. .....
Operation for Goitre—Indications for Procedure.

Emmett H. Cook, M.D. ..... St. Joseph, Mo.
Surgical Aspect of Goitre.

B. E. Dawson, M.D. ..... Kansas City, Mo.
Orificial Surgery.

R. E. Sawyer, M.D. ..... Durant, Okla.
The Surgeon as Specialist.

A. F. Stephens, M.D. ..... St. Louis, Mo.
Pleural Effusions.

H. H. Helbing, M.D. ..... St. Louis, Mo.
Surgery of Ovary.

E. G. Sharp, M.D. ..... Guthrie, Okla.
Conservative and Radical Surgery.

E. J. Latta, M.D. ..... Kenesaw, Neb.
Miscellaneous Surgery.

J. Morrow, M.D. ..... Seward, Neb.
Talipes.

W. M. Ramey, M.D. ..... Lincoln, Neb.
The Peritoneum of Surgery.

F. L. Wilmeth, M.D. ..... Lincoln, Neb.
The Indications.

S. A. Lutgen, M.D. ..... Hebron, Neb.
Perineorrhaphy.

E. J. Farnum, M.D. ..... Chicago, Ill.
Selected.

WEDNESDAY NIGHT PUBLIC MEETING, 8 P.M.

Macauley's Theatre, 329 W. Walnut St.

Speakers:

G. W. Boskowitz, New York City—Subject, "Origin of the School of Eclectic Medicine."

Finley Ellingwood, Chicago, Ill.—Subject, "The Debt of the Profession to Eclecticism."

John Uri Lloyd, Cincinnati, O.—Subject, "What Eclecticism Has Accomplished in America."

THURSDAY, JUNE 22, 10 A.M.

Address by L. A. Perce, Long Beach, Cal. Subject, "Organization."

SECTION IV—OBSTETRICS.

Chairman—J. B. Davis, M.D.....Pontiac, Ill.
Vice-Chairman—H. S. Lowrance, M.D.....Chebanse, Ill.
Secretary—W. N. Holmes, M.D.....Nashville, Tenn.

F. H. Fisk, M.D.....Nashville, Tenn.
Retained Placenta.
George M. Hite, M.D.....Nashville, Tenn.
Post-Partum Treatment in Normal Case of Labor.
R. F. Moore, M.D.....Elberton, Ga.
Care of the Mother.
G. R. Hill, M.D.....Kendall, Wis.
Obstetrics—A Case in Practice.
J. D. McCann, M.D.....Monticello, Ind.
The Last Weeks of Pregnancy.
F. P. McKeel, M.D.....Nashville, Tenn.
Remedies in Obstetrics.
P. Leming, M.D.....Danville, Ark.
Abdominal Hernia of Fetus a Factor in Tedious Labor.
M. E. Eastman, M.D.....Santa Barbara, Cal.
Obstetrical Practice—Does it Pay Financially?
P. L. Jones, M.D.....Lenexa, Kan.
Experience in Obstetrics.
M. M. Harvill, M.D.....Nashville, Tenn.
Preparation for Lying-In State.
John C. Story, M.D.....St. Joseph, Mo.
Asepsis in Obstetrics.
Geo. W. Holmes, M.D.....Sharps, Fla.
Convulsions, Results of Pregnancy.
R. T. Rudd, M.D.....Fulton, Ky.
Puerperal Eclampsia.
C. A. Tindall, M.D.....Shelbyville, Ind.
Puerperal Convulsions.
Jno. O. Cummins, M.D.....Nashville, Tenn.
Complications in Obstetrics.
M. F. Bettencourt, M.D.....Ft. Worth, Tex.
The Mother's Breast.
G. A. Angus, M.D.....Brighton, Colo.
Placenta Previa.
B. D. Austin, M.D.....Nashville, Tenn.
An Obstetrical Anomaly.
C. I. Welsh, M.D.....Clifton, Kan.
Difficulties Met With in Obstetrics.
L. E. Eslich, M.D.....Rockwell City, Ia.
Care of Patient after Parturition.
W. N. Holmes, M.D.....Nashville, Tenn.
Psychology in Obstetrics.
John R. Spencer, M.D.....Cincinnati, O.
Miscarriage and Treatment.
M. H. Waldron, M.D.....Naugatuck, W. Va.
Absence of Natural Power of Nature in Obstetrics.
Amy Robinson, M.D.....Hastings, Neb.
Care of the Puerperium.
H. H. Helbing, M.D.....St. Louis, Mo.
Face Presentation.
S. M. Sherman, M.D.....Columbus, O.
Summary of a Thousand Cases of Obstetrics.
B. H. Redd, M.D.....Cedar Rapids, Ia.
Care taken of Mother and Child during Confinement and Nine Days.
J. M. Hamblin, M.D.....Westboro, Mo.
Eclampsia—My Personal Experience.
A. E. Snow, M.D.....St. Louis, Mo.
Eclampsia.
J. W. Love, M.D.....Nevada, Mo.
First Care of the Infant.
R. O. Brasswell, M.D.....Ft. Worth, Tex.
Obstetrics from a Surgical Standpoint.
J. A. Miller, M.D.....Columbia, Mo
A Short Study in Sexology.

Essie Bondurant, M.D. ..... Kansas City, Mo.
Care of the Lying-In Woman.
F. L. Wilmeth, M.D. ..... Lincoln, Neb.
The Responsibility of the Physician or Attendant.
M. A. Cooper, M.D. ..... Leakey, Tex.
Epsom Salts in Obstetrics.
J. S. Leachman, M.D. ..... Higley, Okla.
My Experience in Puerperal Convulsions in Twenty-Five Years.
J. B. Davis, M.D. ..... Pontiac, Ill.
Pre-Partus Preparation.
Ida F. Kittredge, M.D. ..... St. Louis, Mo.
Puerperal Eclampsia.
Vera M. Lee, M.D. ..... Lincoln, Neb.
Education of the Expectant Mother.

THURSDAY, JUNE 22, 2:00 P.M.

Address by W. N. Mundy, M.D., Forest, O., Subject, "Educational Qualifications."

SECTION V—GYNECOLOGY.

Chairman—John Perrins, M.D. ..... Boston, Mass.
Vice-Chairman—N. L. Allen, M.D. ..... Boston, Mass.
Secretary—E. H. King, M.D. ..... Saratoga Springs, N.Y.

H. H. Helbing, M.D. ..... St. Louis, Mo.
Shortening the Round Ligaments for Displacements of the Uterus.
Benj. I. Simmons, M.D. ..... Granville, Tenn.
Gynecological Miscellany.
Lee H. Smith, M.D. ..... Buffalo, N.Y.
A New Operation for the Relief of Retroversion of the Uterus.
John Perrins, M.D. ..... Boston, Mass.
Conservative Treatment in Gynecology.
M. B. Pearlstein, M.D. ..... Brooklyn, N. Y.
Dry Heat *versus* Moist Heat in Uterine Diseases.
N. L. Allen, M.D. ..... Boston, Mass.
Endometritis Treated by Metallic Cataphoresis.
F. G. Phillimore, M.D. ..... Boston, Mass.
The Causes of Gynecological Diseases.
W. C. Clarke, M.D. ..... Boston, Mass.
Hystero-Epilepsy, Causes and Treatment.
Louise M. Leverone, M.D. ..... Boston, Mass.
The Significance of Leucorrhea.
S. W. Moreland, M.D. ..... Jonesboro, Ark.
The Non-surgical Treatment in Diseases of Women.
J. D. McCann, M.D. ..... Monticello, Ind.
The Work of Yesterday, To-Day and To-Morrow.
O. C. Welbourn, M.D. ..... Los Angeles, Cal.
The Recrudescence of Large Ovarian Cysts.

FRIDAY, JUNE 23, 10 A.M.

Address by Frederick W. Abbott, Taunton, Mass. Subject, "The Doctor in Court."

SECTION VI—PEDIATRICS.

Chairman—Florence Tippet Truax, M.D. ..... Atlanta, Ga.
Vice-Chairman—F. C. Haney, M.D. ..... Watertown, Wis.
Secretary—M. E. Daniel, M.D. ..... Honey Grove, Tex.

Elizabeth H. Muncie, M.D. ..... Brooklyn, N. Y.
Pre-Natal Influences.
M. E. Daniel, M.D. ..... Honey Grove, Tex.
Adenoids.
J. B. Davis, M.D. ..... Pontiac, Ill.
Stomatitis.
F. L. Wilmeth, M.D. ..... Lincoln, Neb.
Cancrum Oris.
Lillian Blanchard, M.D. ..... St. Louis, Mo.
Parotitis.
Rosa B. Gates, M.D. ..... Waco, Tex.
Tonsillitis.

W. F. Carson, M.D. ..... Berlin Center, O.
Gastritis.
Mary B. Morey, M.D. ..... Smiley, Tex.
Infantile Indigestion.
Lillian G. Bullock, M.D. ..... Manchester, N. H.
Cholera Infantum.
Lee Strouse, M.D. ..... Covington, Ky.
Enteritis.
Grace A. Graves, M.D. ..... Chicago, Ill.
Worms.
J. D. McCann, M.D. ..... Monticello, Ind.
Jaundice.
J. R. Devore, M.D. ..... Suwanee, Ga.
Enuresis.
Ethyl Richardson, M.D. ..... Quincy. Ill.
Pertussis.
Louise Leverone, M.D. ..... Boston, Mass.
Rachitis.
Eloise Foltz, M.D. ..... Perry, Ia.
Croup.
Nannie M. Glenn, M.D. ..... State College, Pa.
Rubeola.
J. M. Mulholland, M.D. ..... Pittston, Pa.
Scarlatina.
F. W. Abbott, M.D. ..... Taunton, Mass.
Cerebro-spinal Meningitis.
J. M. Wells, M.D. ..... Vanceburg, Ky.
Infantile Paralysis.
J. P. Harvill, M.D. ..... Nashville, Tenn.
Infantile Pneumonia.
J. P. Harbert, M.D. ..... Bellefontaine, O.
Ophthalmia Neonatorum.
J. H. Powell, M.D. ..... Atlanta, Ga.
Aural Abscess.
Florence Tippett Truax, M.D. ..... Atlanta, Ga.
Clinical Examinations of Children.

APPLICATIONS.

The following are applications for membership in the National received during the past three months. For previous lists see September, December and March QUARTERLIES.

ALABAMA

Daniel, J. W. Midland City
Deal, O. C., Ozark

CALIFORNIA

Riley, J. A., Alameda
Stark, James, 1410 8th St., Oakland

FIORIDA

Spencer, H. C., Gainesville

GEORGIA

Lee, S. B., Red Oak
Patterson., G. W., 514 Greenwood Ave., Atlanta
West, Grover, R. D. 8, Carollton
Yelk, O., 122 Brotherton St., Atlanta

INDIANA

Tindall, Paul R., Shelbyville

MISSOURI

Brockman, H. H., Eldon
Blaich, Julia E., 1202 Manchester Road, St. Louis
Brugel, Elizabeth S., 3507 Franklin Ave., St. Louis
Dawson, B. E., 3220 Oak St., Kansas City
Heinzelman, A., Mt. Washington
Jamison, A. J., Winona
Jones, E. E., Lilborn
Planck, F. M., 1400 Grand Ave., Kansas City
Smith, J. M. T., Poplar Bluff
Welch, John A., Center

NEW YORK

Abramovitz, B., New York
Birkenhauer, J., New York
Blackfan, K. S., Cambridge
Brunor, Emile, New York
Canitz, Paul, New York
Foster, D. H., Scottsburg
Griel, Cecile, New York
Guillaume, C. T., Utica
Heacock, J. W., New York
Terwilliger, Fred, Barton

OHIO

Behymer, Harry, Mt. Washington
Kitsmiller, C. R., Freson
Nesbitt, A. H., Hamilton

SOUTH DAKOTA

Kreiger, H. A., Crooks

TENNESSEE

Daniels, A. L., Lobelville
Moncrief, J. T., Shelbyville

TEXAS

Adams, Kate, San Antonio
Bates, L. V., Malone
Bridge, W. E., Bonham
Carter, C. S., Savoy
Huckabay, W. L. Winchester
Jones, U. O., Stockdale
Lanius, J. A., Bonham

WISCONSIN

Seldon, W. B., Thorpe